MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

O467 CERTIFICATE OF DEATH

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may be retained. The confidence of the confidenc	
A15 (4)	3
VI 7/ 27	- 30

-	UZU	1			
	PLACE OF DEATH D. COUNTY O AMARIL	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE	b. COUNTY	before admission)
7	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	orate limits, write RURAL and give	ve nearest town)
2€	d. NAME OF HOSPITAL (If not in hospito), give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	0	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) William AM To	HOMAS A	CKMAN 4. DATE OF DEATH	//	Day Yeor 30 1960
5.	Male White WIDOWE	A	B. DATE OF BIRTH Rug. 6, 1882	A	YEAR IF UNDER 24 HRS. Doys Haurs Min.
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ENTERN Heiles	STRY M. BIRTHPLACE (State or foreign of	country) 12. CITIZE	S. A.
13.	FATHER'S NAME S. Ach	man	14. MOTHER'S MAIDEN NAME Mars aut	Burne	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 9	MORRE MA	W Soretta Reku	nan - Address	burg, md.
	1B. CAUSE OF DEATH Enter only one couse per lin	e for (o), (b), and (c).]	*/		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cremic Ce	gena.		ful wesh
	446 X DUE TO	0 0.	, 0 , 0 , 0 -	1 1 000 1	
	Conditions, if any, which gove rise to immediate (b)	phroseless	or generalized as	perio sciente	years
	couse (o), stoting the under- lying couse lost. DUE TO	and beart.	Lailure, General	ised edema	4
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE ERMINAL DISEAS	SECONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	20a. ACCIDENT WAS UNDERLYING	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port 1 or Po	it II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Yeor 20d. IN Hour o. m. 19 White p. m. 19	Not while for	ACE OF INJURY (Home, form, 20f. (Cit. ctory, street, office bldg., etc.)	y or town) (Co	ounty) (Stote)
	21. I certify that (I) (this hospital) attend	1 .	1000	1,30,1960	
	saw the deceosed alive an 112 f. 220. SIGNATURE Sami Of	butman	M.D. ATTENDING MED. DIRECTOR DIRECTOR		22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Sani A.	Okutmar	22d. ADDRESS Syk	esuille l	
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCA	TION (City, town or county)	(Stote)
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Orycleville	MA 250. REC'D BY REGIS	TRAR 256. REGISTRAR'S SIGN '60 Cuthun &	
4				L	

S I'E

TAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed ined by the hospital or ottending physician.

**NRECTOR: After this certificate has be a second to be detached for use as the part of the physician or to buriol, cremation?

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0468 CERTIFICATE OF DEATH

() () () 458 Reg. Dist. No.

1. PLACE OF DEATH	RROLL	' b	MARYI	LAND	2. USUAL RESIDENC O. STATE MARY	E (Whe	ne deceased	d lived.	If institution	~	ce before	_	n)
b. CITY OR TOWN (RURAL ond give o	outside corporate limit	, write	c. LENGTH OF STAY		K c. CITY OR TOWN	99	tside corpo	-				est town)	
				•	d. STREET ADDRE			Nev	A MITI	ndsor		IS RESID	ENICE
d. NAME OF HOSPI	D. 1						0.1					ON A F	ARM?
3. NAME OF DECEASED (Type or print)	GERTRUDE		Middle M •		LBERT Lost		4. DATE OF DEATH	Jar	Mon		Doy 21	Ye	or 60
5. sex Female	Cau.	WIDOWE		POF		18	/	08	(In years birthday) yrs,	Months		Hours	24 HRS. Min.
Housewife	DN (Give kind of work d king tife, even if relired)	one 10b.	NIND OF BUSINESS OF Domestic	R INDUS	Marylai				ick		U.S		OUNTRY?
13. FATHER'S NAME	~ 2				14. MOTHER'S MAIL	DEN NA	AME						
	Glass				Cora	Ho	rtor	1					
	R IN U. S. ARMED FORC		SOCIAL SECURITY NO.		ter J. A	lbe	ert	Nev	Addi Wir	dsor	R.I	0.1	Md
PART I. DEA	ATH [Enler only one counTH WAS CAUSED BY: IMMEDIATE CAUSE (0)	rse per lin	refor (0), (b), and (c).	esc	Pereti	c	Card	1:0.	Vas	rula	INTER	VAL BET	WEEN DEATH
Conditions, if a gave rise to i cause (o), stating	mmediate (6	line	ase	-		-	Jea	2
САТІ) (c) HER SIGNIFICANT COND	OITIONS C	ONTRIBUTING TO DEA	TH BUT 1	NOT RELATED TO THE	TERMIN	IAL DISEASI	COND	ITION GIV	EN IN PAR		WAS AL PERFORI YES	MED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED	. (Enter nature of inju	ry in Pa	ort 1 or Part	II of ite	em 18.)				
Y 20c. TIME OF INJUR Hour a. f1. p. m.	Y Month, Day, Yea 19	While	_ Not while_	20e. PLA fact	CE OF INJURY (Home, ory, street, office bldg	, farm, j., etc.)	20f. (City	or town	1)	(0	County)		(State)
	at I attended the				9, 19, to		211			_,that			
alive on	140140	_, 12	and that	death	occurred at_Z_		.M, fron DDRESS (St				ne date		above.
ACTUAL SIGNATURE	M.E. A	al	estron		.D. Hen			200	1-1-	me	0	11	1/40
PHYSICIAN'S NAME (Type)			TSON M.	D									
220. BURIAL, CREMATIC REMOVAL (Specify)	N, 226. DATE THEREO		22c. NAME OF CEME			100	22d. LOCAT		•	r county)		(Stote)	
23. FUNERAL DIRECTOR	Jan.25	196	O Lingar ADDRESS	ore			Fred			Coun		Md.	
	WALTZ	Wi		larv	land DAT	1.6	BY REGIST	60		TRAR'S SIC			

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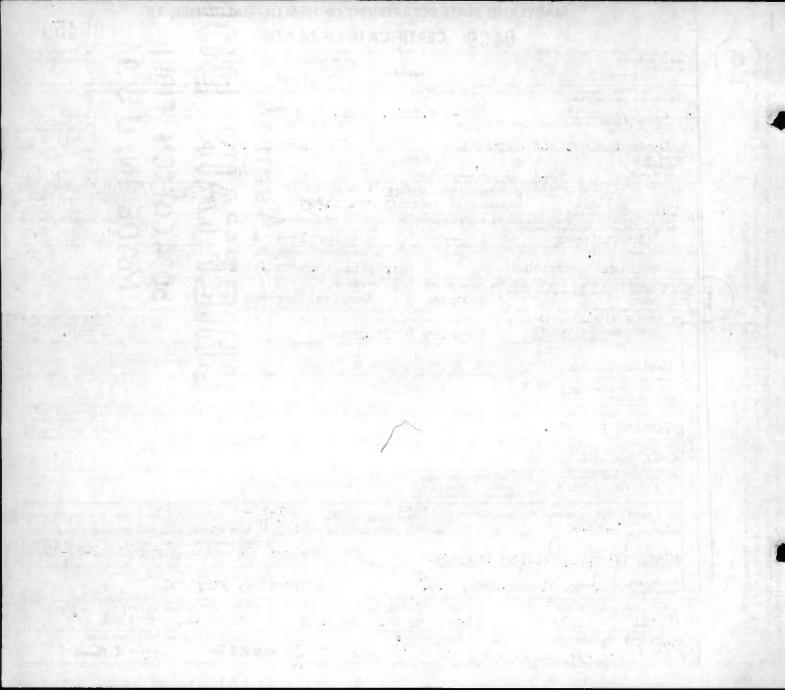
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12	69	CERTIFICATE OF	DE

			04	69 CE	RTIFIC	AT	E OF DEAT	Н			Reg. Di	st. No.	14:	03
1. 1	county Carro	11			MARYLAND	2.	USUAL RESIDENCE (Ma. STATE Maryland	/here deceas		institutio OUNTY	on: Residen	ce befare	e admis	isian)
		f autside carparate lim	its, write	c. LENGTH OF	F STAY IN 1b		c. CITY OR TOWN (IF	autside car	porate limits,	write R	URAL and	give near	est taw	n)
	ral) Syke	sville		22-5mo	.21da.		Baltimore			34	01-	4		
(OR INSTITUTION	AL (If not in haspital, (give street	address)			d. STREET ADDRESS	15		44	16	e	ON	A FARM?
2	Springfi NAMÉ OF		-				2309 Arun		enue	#	10			NO
-	Type or print)	Ferdi		J. Arnrei	Middle		Last	4. DATE OF DEAT	н	Man	th	Day 20		Year 19 60
5. 9	EX	6. COLOR OR RACE				B. D	ATE OF BIRTH		9. AGE (I	n years	IF UNDER			
	Male	White	WIDOW		VORCED	10	-5-1885		74	thday)	Manths	Days	Hours	Min
10a	USUAL OCCUPATIO		dane 10b.	KIND OF BUSIN	VESS OR INDI	JSTRY	11. BIRTHPLACE (Stat	e ar foreign	country)		12. CIT	IZEN OF	WHAT	COUNTR
	Fish bu		,				Maryland				Ţ	JSA		
13.	FATHER'S NAME	М.				1.	4. MOTHER'S MAIDEN	NAME		- 14				(.)
	Ferdinan	d Arnreich			Charl	ot	te Augusta	Johns	son					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURI			RMANT		500-05	Addı	ress			
	ne, or unknown)	If yes, give war or dates of	service)	unknown		Но	spital Rec	ords						
1	IR CAUSE OF DEA	TH [Enter anly ane co	use per li	ne for (a) (b) a	and (c).]		*					INTE	RVALB	ETWEEN
		TH WAS CAUSED BY:				101	on					BNSE	T. AND	D DEATH
	IMMEDIATE CAUSE (U)										1			
	420.	DUE TO										123		
	Canditions, if a)(
	gave rise to in cause (a), stating													
	lying cause last.		:)											
O	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING	TO DEATH BU	TNO	T RELATED TO THE TER	MINAL DISEA	SE CONDIT	ION GIV	EN IN PAR	T 1(a) 19	. WAS	AUTOPS ORMED?
ATI	General	paresis.											_] NO [
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJ	IURY OCCURR	ED. (E	nter nature af injury in	Part I or P	art II af item	18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)				2								
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	While	NJURY OCCURR Nat while	Ε.	LACE actory	OF INJURY (Hame, fai , street, affice bldg., e	rm, 20f. (Ci	ty or tawn)		(Caunty)		(Sta
	21. I certify th	at I attended the	decens	ed fram	1953		19 to 1	-20-		10 60	that I lo	ist saw	the	deceas
		20-60				L	curred at 4:15			177	d	151 5UW	ille (necens
	An An	7	, 17	, drid	i mai deai	n ac	corred of 40-45		Street, city of			e dare	DA	TE SIGN
	ACTUAL W	yron hi	was	ROLDR	1	_M.D.	Spring	field	State	Hos	pita	1 1.	-20-	-1960
	PHYSICIAN'S NAME (Type)	Myron Niza	nkows	sky, M.D	5		Sykesv	ille,	Maryl	and				
22a	BURIAL, CREMATIO REMOVAL (Specify)	1/23/60	OF .		F CEMETERY		REMATORY Cemetery		ATION (City odlaw)			nd	(Sta	ite)
23.	FUNERAL DIRECTOR	SSIGNATURE	8	ADDRESS	(P	6.	24a. REG	JAN 2 2			STRAR'S SI			

eath. Page 4 funeral directar, TO HOSPITAL OR TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of Ceath. Page 4 may be retained the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B



ADDRESS

24g. REC'D BY REGISTRAR

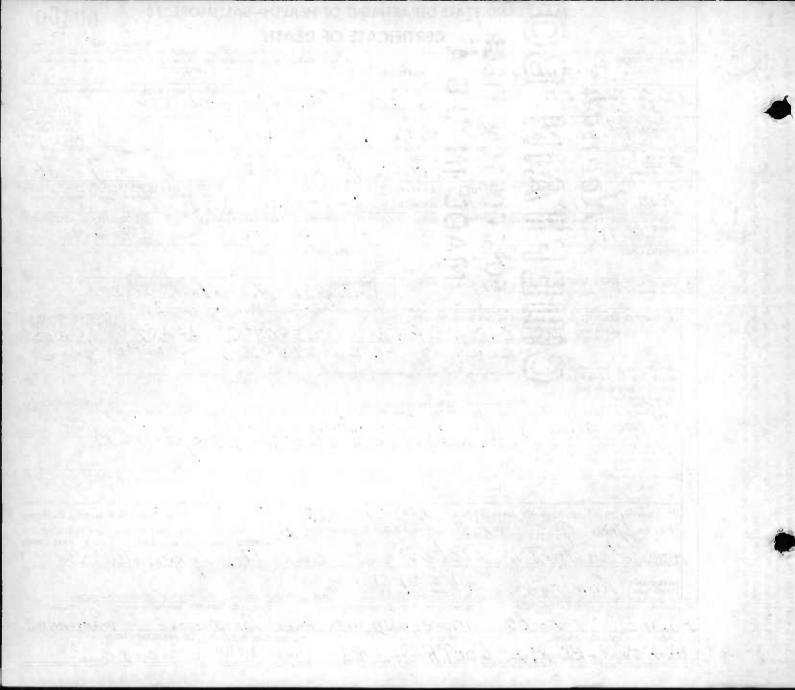
23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4)

15M 9/5B

ORE, 18 (1)46()
Reg. Dist. No.
If institution: Residence before admission) COUNTY
its, write RUBAL and give nearest tawn) R 3 V 0 / - 4
e. IS RESIDENCE ON A FARM? YES NO
Month — Day Year 1960
(In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthdoy) Months Doys Hours Min.
12. CITIZEN OF WHAT COUNTRY?
9 sp. Address Records
HEART VEALS DISEASE WEEN
gears .
DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
n) (County) (State)
, 1969hat I last saw the deceased
guses and an the date stated above. by ar town, stote) Compared to the stated above. Compared to the stated to the stated to the stated above. Compared to the
City, town, or county) (State)
24b. REGISTRAR'S SIGNATURE

arthur S. Krons



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECTAR: After this certificate has been signed by the attending physician and campletely filled in by the Anneral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) ISM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0462 CERTIFICATE OF DEATH

Reg. Dist. No. () () 461

1. PLACE OF DEATH o. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taneytown 2 Weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Taneytown
d. NAME OF HOSPITAL (If not in hosping waive strengthess)) OR INSTITUTION 47 Frederick Street	/d. STREET ADDRESS 47 Frederick Street c. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) Donald William Aug	hinbaugh 4. DATE Manth Doy Year 60 DEATH January 22 19 60
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. Feburary 14, 1908 51 yrs. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Salesman 13. FATHER'S NAME	Pennsylvania U.S.A.
(Yes, no. or unknown) (If yes, give war or dates of service)	Nora Bowman NFORMANT Address S. Donald W. Auginbaugh, Taneytown, Md.
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Acute Parachitis, Chronic	Heart Disease (Chronie) NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Lymphatic Leukemia, YES NO IN PORT II of Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED thou o. m. 19 While Not while of work of work 21. I certify that I attended the deceased from 1/21	ace of INJURY (Home, form, 20f. (City or town) (County) (Stote) 1900, to 122, 1900, that I last saw the deceased accurred at 2:30 HM, from the causes and an the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED 1/2:2/60 Taueuleurum Md.
220. BURIAL CREMATION, REMOVAL (Specify) Burial January 261960 St. Joesph Ce	metery Taneytown, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.O. Fuss & Son, Taneytown, Md.	DATE JAN 25'60 24b. REGISTRAR'S SIGNATURE

The same and the s	
	The settle was to be the settle of the settl
	Line and the second

22c. NAME OF CEMETERY OR CREMATORY

Blue Ridge Cemetery

22d. LOCATION (City, town, or county)

Fredk.

246. REGISTRAR'S SIGNATURE

Circhung & Heares

Thurmont.

24a, REC'D BY REGISTRAR

DATEFER 2

(Stote)

22b. DATE THEREOF

22a. BURIAL, CREMATION,

REMOVAL (Selfy)

23. EUNERAL DIRECTOR'S SIGNATUL

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VS A15 (4) 15M 9/5B

own and the contract of the second second and the later than the state of Arrest Land MALIEU N THE SUPPLEMENT OF STREET ASSESSED AND AND ASSESSED. The safe of the country of the state of the safe of th

VS A15 (4) 15M 9/5B

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5	RECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Wineral Virec	be detached far use as the burial-transit permit. Then please remays carban papers. Pages 1 and 2 should destribed	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0472 CERTIFICATE OF DEATH

00463 Reg. Dist. No.

1. PLACE OF DEATH G. COUNTY Ca:	rroll		. MARYLA	AND /	2. USUAL RESIDENCE (W o. STATE Mary		lived. If institution b. COUNTY		ice befor		ion)		
b. CITY OR TOWN (If RURAL and give nec Sykesvill	rest town)	s, write	c. LENGTH OF STAY IN 13yrs . 9mos		c. CITY OR TOWN (If	outside corpo gansvi		URAL ond		rest town	()		
d. NAME OF HOSPITA OR INSTITUTION Springfie	L (If not in hospital, gill ld State H			-	d. STREET ADDRESS						FARM?		
3. NAME OF DECEASED (Type or print)	J oh:		Middle H •		Barncord	4. DATE OF DEATH	Januar		Day 3		Yeor 1960		
5. SEX Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED	_	October 20,	1883	9. AGE (In years lost birthday) 76 yrs.	IF UNDER Manths	1 YEAR Doys	Hours	R 24 HRS. Min.		
10a. USUAL OCCUPATION during most of working Truck dr. 13. FATHER'S NAME	ng life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUST	Maryland 14. Mother's Maiden		ountry)	12.CIT		WHAT C	OUNTRY?		
John Bar	ncord				Martha G	omer							
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		FORMANT		Add	ress	- 16				
No	-		-	Sp	ringfield Ho	spital	Records			RVAL BE			
Conditions, if on gove rise to im couse (o), stoting the lying cause lost.	mediate DUE TO (c) R SIGNIFICANT CONI	Ge	eneralized a	arte	heart disearios clerosis	•	E CONDITION GIV	/EN IN PAR	Ye	ears.	AUTOPSY		
U	enia, para			CIIDDED	(Enter noture of injury in	Port Lor Por	t II of item 18.)		PERFORMED? YES NO				
20a. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	200. DE3	CKIBE HOW INJURY OCC	CORRED.	(chief horote of injury in	7011101101	1 11 01 11011 10.)						
ZOc. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yeo	While	NJURY OCCURRED 2 Nat while of work	Oe. PLA	CE OF INJURY (Hame, farr ory, street, affice bldg., et	m, 20f. (City	or town)	(County)		(Stote)		
	at I ottended the uary 3, quelin Agustin de	19 cll	1 Carrete	7. death	, 1955 , to Ja accurred at 10:10 Springfi Sykesvil	M, fram ADDRESS (Si	the causes and treet, city or town, ate Hosp	d on the		stated			
REMOVAL (Specify)		0	Inc NAME OF COME	MA	Worse Dry	1 3	TION (City, town,			(Stote	e)		
23. FUNERAL DIRECTOR'S	SIGNATURE	01	ADDRESS	:6	1/6/1/	D BY REGIST		STRAR'S SI					

TO HOSPITAL OR is INDING PHYSICIAN: The taw required may be retained the hospital or attending physician and completely filled in by the fund to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fund page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should the registrar prior to burial, aremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 1SM 9/SB MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0473 CERTIFICATE OF DEATH

() () 464

				Reg. Dis	1. 140.
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary		nstitution: Residence	e before admission)
b. CITY OR TOWN (If outside corporate limits, RURAL and give neorest town) Henryton	write c. LENGTH OF STAY IN 16		outside corporate limits,	write RURAL and gi	
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION Henryton State	street oddress)	d. STREET ADDRESS	Poplar Gr		e. IS RESIDENCE
3. NAME OF First DECEASED (Type or print) Delro	Middle	Bell	4. DATE OF DEATH	Month 1	24 Year 1960
27 2 27	MARRIED NEVER MARRIED X	8-31-1937	9. AGE (In lost birt	yeors IF UNDER 1 Months	YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired) None	ne 10b. KIND OF BUSINESS OR INDL	ISTRY 11. BIRTHPLACE (Stote Virgini			EN OF WHAT COUNTRY?
13. FATHER'S NAME Brooks Be	11	14. MOTHER'S MAIDEN Hennie			
IS) WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no. or unknown) (If yes, give war or dates of servi-		Nearine Mou	zone - Same	Address as pat:	Lent
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. Conditions, if ony, which (b) DUE TO DUE TO Couse (b) PART II. OTHER SIGNIFICANT CONDITION	Far advanced pu			DN GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE				YES NO
20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. p. m.	While Not while of work of work	LACE OF INJURY (Home, for octory, street, office bldg., et	c.)	(C.	ounty) (Stote)
21. I certify that I attended the dalive an January 24 ACTUAL SIGNATURE PHYSICIAN'S Edgars M. Mac NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF	Man lace	M.D. Henryton	Months of the cause ADDRESS (Street, city or ryton, Mar)	es and an the town, stote) cland spital, h	t saw the deceased date stated above. DATE SIGNED 1-24-60 Henryton, M
REMOVAL (Specify) 1-30-60	Charren &		Bride lieur		(Siole)

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0477	CERTIFICATE	OF DEATH

		04	THE CERTIFIC	AIL OI DEA	7111	To the state of	Reg. D	st. No.		400
1. PLACE OF DEATH o. COUNTY Carr	nll		MARYLAND	2. USUAL RESIDENC o. STATE	E (Where decease	ed lived. If instituti b. COUNTY		nce before	e admiss	ion)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limearest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	orote limits, write R			rest town)
	int Valley AL (If not in hospitol,	give street	Life oddress)	d. STREET ADDRE	easant V	alley		e		FARM?
3. NAME OF	r:	rst	Middle	Last	4. DATE					Yeor
DECEASED (Type or print)	Carr		Blanche	Black	OF DEATH	Mon January		Day		1960
sex Female	6. COLOR OR RACE	7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	1874	9. AGE (In years lost birthdoy)		Doys Doys		
10a. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDI		(State or foreign	0,				OUNTRY
HOUSOWO	rk		wn home	Maryl 14. MOTHER'S MAIL				U.S.	Α.	
	M. Hahn				Devilbi	SS				
15. WAS DECEASED EVE	R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	INFORMANT	2011101	Add	ress			
no			none	Mr. Edward	M. Black	Westmin	ster	. Md	. R	.D.
Conditions, if o gove rise to i couse (o), stoting lying couse lost. PART II. OTH	mmediate the under-	5-	CONTRIBUTING TO DEATH BU	UCO THE INOT RELATED TO THE	,	SE CONDITION GIV	/EN IN PAI	RT 1(o) 19	PERFO	AUTOPSY PRMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of inju	ry in Port I or Po	rt II of item 18.)	H.			
Y 20c. TIME OF INJUR Hour or m.	Y Month, Doy, Ye	While		PLACE OF INJURY (Home octory, street, office bldg	, farm, 20f. (Cit	y or town)	((County)		(Stote
	Bill	deceas	ed fram M. Jan.	, 19 50 , ta h accurred at 12 M.D. W e	M, fram	the causes an	d on th		stated DAT	
220. BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEMETERY			ATION (City, town,		Man	(Stot	
23. FUNERAL DIRECTOR	S SIGNATURE Ju	25/	Pleasant Va	240.	REC'D BY REGIS	TRAR 246. REGI	STRAR'S S	GNATUR	y Lan	α

M ith. Page 4 neral director, Poges 1 and 2 shauld be may be retained the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

TO HOSPITAL OR VS A15 (4) 15M 9/5B

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0475 CERTIFICATE OF DEATH

Reg. Dist. No.()()466

										-
1. PLACE OF DEATH a. COUNTY			MARYLAND	2.	USUAL RESIDENCE (WHO . STATE	ere decease	d lived. If instituti			/
Carroll				4	Maryland		1		gomery	
B. CITY OR TOWN RURAL ond give	(If autside corporate limi	its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If o	utside corpo	prote limits, write R	URAL ond	give nearest to	own)
Sykesv	ille		7 mos.15d.		Bethesda		15	- X	2	
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital, g I	give street	oddress)		d. STREET ADDRESS				ON	RESIDENCE
Spring	field State	Hosp	oital		9404 King	sley	Ave.		YES	□ NO 🖾
3. NAME OF DECEASED (Type or print)	Fir Al	st NTHON	Middle B.	ř	BORZ I	4. DATE OF DEATH	Janı		Day 3	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. 0	ATE OF BIRTH		9. AGE (In years	IF UNDER	TYEAR IF UN	DER 24 HRS
Male	White	WIDOW			1-12-1870		lost birthdoy) 89 yrs.	Manths	201s Hour	
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDI	USTRY	11. BIRTHPLACE (Stote	or foreign c	country)	12. CIT	IZEN OF WHA	TCOUNTRY
during most of wo	t - Retired)			Italy		E6		U.S.A.	
13. FATHER'S NAME			2-11/11/19	1	4. MOTHER'S MAIDEN N	IAME			TO	
Paolo	Borzi				Maria Gr	azia	Borzi			
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	578-46-8824A	Red	cords, Sprin	gfiel	d State I	Hospi	tal	
	ATH [Enter only one co		ne for (a), (b), ond (c).]			-50			INTERVAL ONSET AN	BETWEEN ND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Bro	onchopneumonia						Days	
1491X	DUE TO								1-67	
Conditions, if	any, which)	,							9-8	
gove rise to	immediate Dus To									
lying cause lost	The Under-									
-	- /-	<u> </u>	CONTRIBUTING TO DEATH BU	IT NO	T PELATED TO THE TERMI	NAI DISEAS	E CONDITION GIV	/ENLINI PAR	T 1/a) 10 WA	AS ALITOPSY
Chronio	broin grad	nome.	ergonieted wi	th	senile hrei	n dis	ease. wi	th.	PER	REORMED?
psychot	ic reaction	r Ollie	associated wi	WILL	SCHELO SERI				YES	□ NO 🔯
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in t	Part I or Por	rt II of item 1B.)			
	RY Manth, Day, Ye	or 20d. II	NJURY OCCURRED 20e. P	LACE	OF INJURY (Home, farm	, 20f. (City	y or town)	(County)	(Stote
Hour o.m.	10	While at war	IAOI WIIIE	octor	, street, office bldg., etc)				
			ed from May 18		10.59 A. JE	nnerv	137 1060	d 1 f.		
alive on Ja	nuary 3	, 19_5	50, and that deat	h a						ed abave
ACTUAL	20. 1	- 1	al Church				treet, city or town,			
SIGNATURE	grown	de	a compo	_M.D	Springi	rerd 2	tate Hos	pital	1-/	4-60
PHYSICIAN'S NAME (Type)	Agustin del	Cam	po	į.	Sykesvi	lle, M	iaryland			
220. BURIAL, CREMATI)F	22c. NAME OF CEMETERY	OR C	REMATORY	22d. LOCA	TION (City, tawn,	or county)	(5	itate)
BUNIAD Specify	1-6-60		Gate of Hea	ave	en Cem.	Sil	ver Spr	ing.	Maryl	and
23. FUMERAL DIRECTO	R'S SIGNATURE	-	ADDIVESS	1.	24g, REC'	D BY REGIS	TRAR 24b. REGI	STRAR'S SI		
Valent	A. Junes	2 hrs	Bethesda,	M	aryland JA	N 7	60 a	thun &		
Plane V	V /1	0 1 1	110-1006		DAIL					

TO HOSPITAL OR A SNDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after gath. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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ath. Page 4

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0476 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

00467

Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY	Carroll		MARYL		a. STATE	NCE (Where	deceased live	d. If institution b. COUNTY	an: Residenc	e before	e admissi	on)
	RURAL and give ne	* * * * * * * * * * * * * * * * * * * *	s, write c	LENGTH OF STAY		c. CITY OR TO		de corporete le City		URAL ond g	ive near	'est tawn)	
	Rural - Sy	Kesville AL (If nat in haspital, gi	ve street ad	Yr.3Mo.	7Da	d. STREET ADD		e orea		3 401	- 4	. IS RESI	DENCE
-	OR INSTITUTION	FIELD STAT				217		rth Av	enue			ON A	FARM?
	3. NAME OF DECEASED (Type or print)	Firs Lavin		Middle		BOWER		DATE OF DEATH	Mon 1 -		Day		ear 9 60
	5. SEX	6. COLOR OR RACE		NEVER MARRIES	оп В.	DATE OF BIRTH			GE (In years	IF UNDER	1 YEAR		,
ij	Female		WIDOWED:			7-7-18	74	10	5 yrs.	Months	Days	Hours	Min.
	10a. USUAL OCCUPATIO during most of work Housewife	ing life, even if retired)	ane 10b. KII	ND OF BUSINESS OR	NDUST	Maryl		oreign cauntr	r)		U.S.		DUNTRY?
	13. FATHER'S NAME					14. MOTHER'S M	AIDEN NAM	E	THE DA				
	Mathias I	Roop				Kath	erine	Vogel					
	15. WAS DECEASED EVE			CIAL SECURITY NO.	INF	ORMANT			Add	ress	100	100	
	(Yes, no, or unknown) (If yes, give war or dates of se	(Vice)		Но	spital r	ecords	5					
	10 Page 13 Page 13 Page 13	TH [Enter only one courth WAS CAUSED BY: IMMEDIATE CAUSE (o).		for (a), (b), and (c).] Bronchop	neu	monia					INTER ONS	ET AND	WEEN DEATH YS
	Conditions, if ar gove rise to in cause (a), stating (lying cause lost,	nmediate (DUE TO	Arte	erioloscl	ero	tic Hea	rt Di	sease	<u> </u>			Year	rs
	PART II. OTH	ER SIGNIFICANT COND		NTRIBUTING TO DEA			HE TERMINAI	DISEASE CO	NDITION GIV	EN IN PART	1(a) 19	PERFO	NO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY			BE HOW INJURY OC			njury in Part	I or Port 11 o	f item 1B.)				
	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yea	While of work [_ Not while _	20e. PLAC focto	E OF INJURY (Ho ry, street, office b	ome, farm, it	20f. (City or t	awn)	(C	County)		(Stote)
	21. I certify the olive on	ot I oftended the	., 12 <u>.</u> 6	O, ond that		D	-50%,	from the press (Street,		d on the		stated	
	220. RURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREO	960	MAME OF CEME	/ /	V 1- //	en 22	d. togation	(City, town)	or county)	7	(State	1)
	23 FUNERAL DIRECTOR	s signature	7359	ADDRESS Washing	Low .	Blut 2	ATE B	Y REGISTRAR 3 '60		STRAR'S SIC			

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E e	RA sh istr
So	e 3
H	O FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and camp page 3 should be detached far use as the burial-tronsit permit. Then please remave carbon paper the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs, after Doth.
55 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained the haspital ar ottending physician.	TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-tronsit permit. Then please remave carbon papers. Pages 1 and 2 shather registrar prior to burial, crematian, or remaval, and in any event within 72 haurs offer point.
VS A1	5 (4)
15M 9	7/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0463 **CERTIFICATE OF DEATH** Reg. Dist. No. () 1468

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taneytown I.ife Taneytown A. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION 313 East Baltimore Street 313 Formula Brown 3. NAME OF DECEASED First Middle Lost Brown S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Female White WIDOWED DIVORCED January 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	NCE (Where deceased lived. If institution: Residence before admission)
RURAL and give nearest town) Taneytown d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 313 East Baltimore Street 313 F 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE White WIDOWED 100. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) HOUSEWIFE 114. MOTHER'S MAR	ryland Carroll
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 313 East Baltimore Street 313 F 3. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 313 East Baltimore Street 313 F General First Middle Lost Brown S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Female White WIDOWED DIVORCED January 10a. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) Housewife Own Home Mai 13. FATHER'S NAME	WN (If outside corporate limits, write RURAL and give nearest tawn)
3. NAME OF DECEASED (Type or print) 3. SEX 6. COLOR OR RACE White WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) HOUSEWIFE 13. FATHER'S NAME 3. NAME OF BIRTH Carrie Elizabeth Brown B. DATE OF BIRTH January 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE OWN Home 14. MOTHER'S MA	
3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Female White WIDOWED DIVORCED January 1 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSEWIFE OWN HOME 14. MOTHER'S MAR	ON A FARM?
Carrie Elizabeth Brown	ABB DATOTHOTE DOTCEO
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Female White WIDOWED DIVORCED January 10a. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) Housewife Own Home 14. MOTHER'S MARRIED NEVER MARRIED M. B. DATE OF BIRTH B. DATE OF BIRTH B. DATE OF BIRTH AND JANUARY 11. BIRTHPLACE OWN Home 14. MOTHER'S M.	of DEATH January 29 1960
Female White WIDOWED DIVORCED January 10a. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) Housewife Own Home 14. MOTHER'S MA	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housewife Own Home 14. MOTHER'S MA	last birthday) Manths Days Hours Min
Housewife Own Home Maj 13. FATHER'S NAME 14. MOTHER'S M	CE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ryland U.S.A.
	7
	Fannie Harman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of service)	Address
	O. Brown, Taneytown, Md.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Caronary	Oca lugias mudiale
420.1 DUE TO	C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.
Conditions, if any, which) AN HILBERTON SIVE CON	dia Vacaulas Diana 14urs
gave rise to immediate DUE TO	dio-Vascular Disesse 14415
lying cause last.	Tousion 16urs
	HETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE ACCUPANT WAS UNIVERSITY OF THE PROPERTY OF	PERFORMED? YES \(\sum \) NO \(\blacksquare \)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of in OR CONTRIBUTING CAUSE OF DEATH OF INJURY OCCURRED.)	njury in Part I or Part II of item 1B.)
	f look sets
20c. TIME OF INJURY Month, Day, Year While Not while at work at wark 20d. INJURY OCCURRED While Not while at work 20d. INJURY OCCURRED While Not while at work 20d. INJURY OCCURRED While Not while at work 20d. INJURY OCCURRED While Not while Not while at work 20d. INJURY OCCURRED While Not while Not work 20d. INJURY OCCURRED While Not while Not work 20d. INJURY OCCURRED While Not while Not while Not work 20d. INJURY OCCURRED While Not while Not while Not while Not while Not work 20d. INJURY OCCURRED While Not wh	me, farm, 20f. (City or town) (County) (State)
21. I certify that I attended the deceased fram. Qua. 12, 1955,	to Jan 28, 1960that I last saw the deceased
	38 AM, from the causes and an the date stated above.
	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE E. ambler Shompson M.D. Tan	en Tourn 1112 1/29/60
PHYSICIAN'S NAME (Type) E. Ambler Thompson Taneytow	n, Maryland
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (State)
Burial Feb. 1, 1960 Lutheran Cemetery	Taneytown, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE) ADDRESS 2	4a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
C.O. Fuss & Son, Taneytown, Md.	PATE FEB 1 '60 Quilling & House

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINEDIS CEDTIEICATE OF DEATH

00469

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	14/10	O/	PIPI	IIVEK 3	CERTIFICA	AIE OF I	DEATH	Reg. Dist. N	o. 0 0 10 0
1. PLACE OF DEATH	Carroll	0 3	M	ARYLAND	2. USUAL RESIDENCE	(Where deceased	b. COUNTY	Balto	
b. CITY OR TOWN (II and give nearest town Sykesville	outside corporate limits, writ	e RURAL	c. LENGTH OF S			outside carpo	rate limits, write RU	RAL and give of	negrest town)
d. NAME OF HOSPITA	AL OR INSTITUTION	If not in hosp	oital, give street a	ddress)	d. STREET ADDRES	s			e. IS RESIDENCE
Springfie:	ld State Ho	spita:	1		20	22 Rayne	r Ave.		YES NO
3. NAME OF DECEASED (Type or print)	Fir Edv	, vard	Middl H.		Brown	4. DATE OF DEATH	Month Januar	у 12	
s. sex Male	6. COLOR OR RACE White	7. MARRIE			DATE OF BIRTH Unknown	9	Book Schools do h	UNDER TYEAR onths Days	IF UNDER 24 HRS
Machinist	ON (Give kind of work g life, even if retired)	dane 10b. K	IND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (SE Maryla		intry)		S.A.
13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME			
Unknewn	JOHN H	BRO	WN		Unknes	m IDA	SUNE	5	
15. WAS DECEASED EVI	ER IN U. S. ARMED FO		OCIAL SECURITY	NO. 17. IA	IFORMANT		Address		
No	-		-	1	Springfield	Hospita	1 Records		
	TH [Enter only one car	se per line f	or (a), (b), and (c)	.]				INTE	RVAL BETWEEN
	H WAS CAUSED BY	In	testinal	obstr	uction				Days
570.5	DUE TO								
Conditions, if a	ny. which) (b							2 8 8	
gave rise to immed (a), stating the s	diale cause								
cause last.	(c								
Paresis.	ER SIGNIFICANT CON		NTRIBUTING TO E	DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIVEN		19. WAS AUTOPSY PERFORMED? YES NO
PART II, OTH Peresis. 200. EXTERNAL CAL PRIMARY 0 or CON CAUSE OF DEATH.	JSE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OF	CCURRED. (E	nter nature of injury in	Part I ar Part II o	item 18.)		
20c. TIME OF INJUING Hour a.m., p. m.	RY Month, Day, Ye	or 20d. II While at war			E OF INJURY (Home, firy, street, office bldg.,	orm. 20f. (City o	or town)	(County)	(Slute)
21. I certify It	of I took chorge	of the r	emoins descri	ibed abo	ve, held on Auto	psy 🔀, Ins	pection KI,	Inquiry X	, and in my
	resulted from:		-	_				ined monn	
	1	, /	(1					· L
ACTUAL SIGNATURE	Luco J	n	Lances	R)	M.D. CHIEF MEDICAL	EXAMINER			DATE SIGNED
		-				DICAL EXAMINER	0		
EXAMINER'S NAME (Type)	James T. N	larsh.	M.D.		DEPUTY MEDIC	AL EXAMINER		1,	/12/60
220. BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THERE		SAMS	METERY OR	CREMATORY	CAR	ON (City, lown, ar c	aunty)	(State)
23. FUNERAL DIRECTOR	S SIGNATURE	-	ADDRESS	. /		EC'D BY REGISTR		AR'S SIGNATU	
11/1/1/1/1/1	livy le	111/	11100 /1/	MINI	hi Ma will	N 2 0 '60	arthur	S. Thank	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessexecute the certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral distantial be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, at remayal, and in any event. VS. A15ME 5M 2/57



MEDICAL BY A MINIST & CERTIFICAYS OF DEATH William nations

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH O. COUNTY CARROLL director 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed b. COUNTY MARYLAND gral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE Middle DECEASED HOWARD ROWA S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months WIDOWED A DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO CHRONIC PYELONEPHRITIS dny Conditions, if any, which gave rise to immediate DUE TO cotse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) 0. m. While Not while at work at work ANUARY 1719 60 that I last saw the deceased 21. I certify that I attended the deceased fram OCTOBE and that death accurred at 4 19 CM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL pe 3 shauld

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

TO FUNERAL abod VS A15 (4)

220. BURIAL CREMATION.

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

that the

24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEAN 2 0 '80

22d. LOCATION (City, town, or county)

(County)

e. IS RESIDENCE

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

WK

WAS AUTOPSY PERFORMED? YES NO IN

(Stote)

DATE SIGNED

(Stote)

ON A FARM? YES NO 19

Year

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Reg. Dist. No.

						Neg. Dist. 11	10.
1. PLACE OF DEATH o. COUNTY	Carroll	MAI	2. USUAL RESIE o. STATE	Maryland	ed lived. If institution b. COUNTY	Residence be	
b. CITY OR TOWN RURAL and give	(If outside corporate limits,	write c. LENGTH OF STA	Y IN 16 c. CITY OR T		orate limits, write RUI	RAL and give r	nearest fown)
rural	Sykesville	l year	r X	rural Fi	nksburg		
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospitol, giver not view]	e street address) Nursing Hom	d. STREET A	Deer Par	k Road		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First John	Midd	le tosi	OF	Month Janus		Day Yeor 2 19 60
5. SEX Male		MARRIED NEVER MARI	T 3 3 /7			Months Day	AR IF UNDER 24 HRS. 's Hours Min.
10a. USUAL OCCUPA during most of w	orking life, even if retired)	one 10b. KIND OF BUSINESS OWN fari		ACE (State or foreign		12. CITIZEN	S A
13. FATHER'S NAME	W4224 #			MAIDEN NAME			
	William Con	naway	C	atherine	Schafer		
15. WAS DECEASEDE (Yes, no. or unknown)	VER IN U. S. ARMED FORCE	216-24-980	0. 17. INFORMANT	lie P. C	Addre onaway		burg, Md.
	DEATH [Enter only one coust DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e per line for (a), (b), and (a)	CARDIOVASCUI	AR DISEAS	E with		NTERVAL BETWEEN
443 X Conditions, if	any, which)		EROSIS, GENER				20yrs
gave rise to couse (a), statis lying couse las	ng the under-	ARTERIOSCI	EROTIC HEART	DISEASE			20yrs.
PART II. C	OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO E	EATH BUT NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	WAS UNDERLYING THE NG CAUSE OF DEATH FY MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature o	f injury in Part I ar Pa	ort 11 of item 18.)		
20c. TIME OF INJ Hour a. m	n. 10	20d. INJURY OCCURRED While Not while at work at work	20e. PLACE OF INJURY (I factory, street, affice	Home, form, 20f. (Ci bldg., etc.)	ty or tawn)	(Caunt	ty) (Stote)
21. I certify alive on 1	that I attended the d January	deceased from 21 AT , 19 59 , , and the	mil , 19 59 at death occurred at	2:00A M, fro	m the causes an Street, city or town, st	nd on the d	sow the deceosed
ACTUAL SIGNATURE	Silama	01-1	M.D. Lib	erty Road	at Eldersh	ourg	1.2.60
	m. H. Lawson,				O., Maryla		
220. BURIAL, CREMAN REMOVAL (Speci BUFIAL	1-4-60		metery or crematory ence Cemete		ation (City, town, or		(State) nd
23. FUNERAL DIRECTO		ADDRESS		240. REC'D BY REGI	STRAR 24b. REGIST	RAR'S SIGNAT	TURE
John R.	Byers 1	Vestminster	Maryland .	DATERN E 16	0 11	. 0 4	

haspital or attending physician.

After this certificate has been signed by the attending physician and campletely filled in by the trial director.

After this certificate has been signed by the attending physician and campletely filled in by the trial transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 the registrar priar to burial, crematian, or removal, and in any event within 72 haurs page 3 shauld be detached far use as the burial-transit may be retained by TO HOSPITAL OR VS A15 (4) 15M 10/57

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			048	() CERT	IFIC	ATE OF DEAT	Н		Reg. D	ist. No		
1.	PLACE OF DEATH a. COUNTY			MAI	RYLAND	2. USUAL RESIDENCE (V	Vhere deceas	ed lived. If instituti b. COUNTY		nce befa	re admiss	ion)
_	Carroll					Maryland						
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Sykesyi	lle, Maryl	and	yrs.	15 de	vs Baltimore	City		SVO	1-1	4	
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street od	ldress)		d. STREET ADDRESS					e. IS RES	
		ield State	Hasni	+07		227 Broad	Terner I	Balto. #3	T MA			FARM?
2	NAME OF	Fir		Midd	L-					-		
٥.	DECEASED					Lost	4. DATE OF	Mor	ith	Do		Year
_	(Type ar print)	PERR	7	THORNT		CROSS	DEATH	4	1	1	10	1960
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MAR	RIED 🔲	B. DATE OF BIRTH		9. AGE (In years last burthday)	Months	Days	Haurs	R 24 HRS.
	male	white	WIDOWED	DIVORC	ED 🔀	12/22/02	· V	57 My yrs.	Monnis	Days	Haurs	MIII.
100	. USUAL OCCUPATIO	N (Give kind of wark	dane 10by K	ND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stot	te or foreign	country)	12.CIT	IZENOF	WHATC	OUNTRY?
		ing life, even if retired	de	el 9	Dual	Tudiana				II.S	Ι Δ	
	Punch Presi	s operator	1	- mu	u	14. MOTHER'S MAIDEN	NAME		-	0.0	4650	
						0						
_	Lewis Cr					Mary Fer	guson					
	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war ar dates of s		OCIAL SECURITY N	0.	NFORMANT		Add	iress			
	No		21	5-09-617	9	Springfield	Hospi	ital Reco	rds			
	18. CAUSE OF DEAT	TH [Enter anly ane co	use per line	far (o), (b), and (c).]						ERVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	Co	rdiac far	47					ONS	SET AND	
	11113 X	IMMEDIATE CAUSE (a	08	raise 18.	LIUFE	3				-	day	<u>s</u>
	4400	DUE TO										
	Canditians, if an gove rise to in		Hy	<u>pertensi</u>	ve ca	rdio-vascula	r dise	ease			yea	rs
	cause (a), stoting t											
	lying couse lost.) (c			30.01							
O	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
AT	Schiz	onhronia re	anotio	n chron	10 112	ndifferentiat	ed tur	30				RMED?
CERTIFICATION	20g. ACCIDENT WAS					D. (Enter nature of injury is						110 [2]
ERT	OR CONTRIBUTING	CAUSE OF DEATH	avo. oracı	TO THE WASHINGTON	OCCOMIL	b. (Emer nature of injury in						
					1							
MEDICAL	20c. TIME OF INJURY Haur a. m.	Manth, Doy, Yea	While	URY OCCURRED Nat while		ACE OF INJURY (Home, for ctary, street, affice bldg., e		ty or tawn)		(County)		(Stote)
ME	p. m.	19	of wark [,						
	21 I continue the	ot I attended the	docoarea	from 77	/14/1	59 , 19 , to	7/7/6	50 10	Abot I I			
		/1 /60) Dalila	50, 19				
	olive on	11100	, 19	, ond the	of death	occurred of 2:10		the causes or		e date		
	ACTUAL /	To	Mal	ani. h	1		ADDRESS (Street, city ar tawn,	stote)		DAI	E SIGNED
	SIGNATURE	nisim	wer	Much	0	M.D						
	PHYSICIAN'S		-									
	NAME (Type)	Agustin d	el Can	no, M.D.		Sykesv	rille,	Maryland				
220	BURIAL, CREMATION	N, 226. DATE THEREC	F I	22c. NAME OF CE	METERY C	R-CREMATORY	22d. LOC/	ATION (City, town,	ar county)	1	(Stot	e) 0
-	MOVAL (Specify)	1/4/6	' A	mospella	1 /	Park Tour	29	05/10	4 Vas	an	0	ma
23	FUNERAL DIRECTOR'S			ADDRESS ~	WC V	Wy Lactor	C'D BY REGIS	TOAD 24h DEN	ISTRAR'S SI	GNATU	DE.	
23.	The state of the s	SIGNATURE	0	0.	1 11	2 T 240. RE	C D BT KEGIS	240. 100	310UK 2 21	SHATO	IV L	

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0	481	CERTIFICATE	OF	DEATH
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Reg. Dist. No.

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
L	O. COUNTY CARROLL MARYLAND	O. STATE ARYLAND b. COUNTY CARROLL							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
1/	YEW WINDSOR RURAL YEARS	XNEW WINDSOR RURAL							
1	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE							
	OR INSTITUTION MARSTON	MARSTON ON A FARM? YES [] NO []							
3.	NAME OF First Middle	Last 4. DATE Month Day Year							
	(Type or print) EURITH ISABELLE DE	VILBISS OF DEATH JAN 5 19 60							
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min							
L	WIDOWED DIVORCED	FEB 29-1880 79 yrs.							
104	usual Occupation (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	HOUSEWIFE OWN HOME	MARYLAND 1/CA							
13.	FATHER'S NAME DANNER	14. MOTHER'S MAIDEN NAME							
	ABRAHAM BOWFRSOX	ELLEN GORSUCH							
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	INFORMANT Address							
1"		WALD BOWERSOX NEW WINDSOR MD							
F	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]								
	BART I DEATH MAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH							
	IMMEDIATE CAUSE (0) arteriascheratio Cardio-Vascular								
	Conditions, if ony, which) (b) disease Year								
	gove rise to immediate couse (a), storing the under-								
	lying couse lost.								
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY								
Ĭ		PERFORMED?							
5	20- ACCIDENT WAS UNDERLYING TO 201- DESCRIPT HOW INTHIN OCCUPAN	YES NO							
CERTIFICATION									
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
	10	ctory, street, affice bldg., etc.)							
2									
	21. I certify that I attended the deceased from 1/5/59, 19, to 1/5/60, 19, that I last saw the deceased								
	alive anM, from the causes and an the date stated above.								
	ADDRESS (Street, city or town, stote) DATE SIGNED								
	SIGNATURE M. E. Robertson M.D. New windson mel 1/5/60								
-									
	PHYSICIAN'S ME ROBERTSON								
220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)							
	KURIAL 1/8/60 ST JAM	OFS CARRALL CA IMA							
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	/ 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
1	Il Hastolong lesson More Illimotores	JAN 8 '60 Chilling & to							
14	to francisco i sorrer i francisco continuo), Med DATE DATE							

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MARYLAND STATE DEPARTMENT OF HEALTH

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	PLACE OF DEATH			2.	USUAL RESIDENCE	E (Where deceased			e before adr	mission)		
	a. COUNTY Carroll MARYLAND				d. STATE Maryland b. COUNTY Carroll							
	b. CITY OR TOWN (I RURAL and give no Sykesvi		c. LENGTH OF STAY IN 2mos 5devs	1b	c. CITY OR TOWN		rate limits, write R	URAL and give nearest town)				
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give str	eet oddress)	1	d. STREET ADDRI				10	RESIDENCE N A FARM?		
		ield State Hos	spital		-				YES	□ NO □		
	NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mon	ith	Day	Year		
	(Type or print)	James	Blaine		Easton	DEATH	Janu		19,	19 60		
5.	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UN	NDER 24 HRS.		
	Male	White WIDO	OWED DIVORCED	2 1	Feb. 2,	1889	70 yrs.	I WOUNTS	Joys Hou	Mill.		
10c	. USUAL OCCUPATION	ON (Give kind of work done 1	0b. KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE	(State or foreign co	ountry)	12. CITIZ	EN OF WHA	AT COUNTRY?		
	Carpent	king life, even if retired)			Maryla	and		1	J.S.A.			
13.	FATHER'S NAME			14	. MOTHER'S MAI							
	James E	aston				Shipley						
	WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFOR			Add	ress				
{Ya	No. no. or unknown)	(If yes, give war or dates of service)	578-01-6557		Spring	field Hos	pital Re	cords				
F		ATH Enter only one cause pe								BETWEEN		
	PART I DEATH WAS CAUSED BY									ONSET AND DEATH		
	IMMEDIATE CAUSE (a) MYOCATGIAI INTERCTION DAYS											
	420, D DUE TO											
	Conditions, if a gove rise to i	ny, which (b)	Coronary arter	y th:	rombosis				Days	}		
	cause (a), stating								37			
	lying cause lost.	(c)	rteriosclerot	io h	eart dis	98 S9			Year	'8		
TION			or CONTRIBUTING TO DEATH			TERMINAL DISEAS	E CONDITION GIV	VEN IN PART	PEI	RFORMED?		
NO.	C.B.S.assoc.with cerebral arteriosclerosis. PERFORMED? YES □ NO▼											
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCI	URRED. (E	nter nature of inju	ury in Part 1 or Part	f II of item IB.)					
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	WI	d. INJURY OCCURRED 20 hile Not while work ot work		OF INJURY (Home street, office bld	e, form, 20f. (City g., etc.)	or town)	(C	ounty)	(State)		
	21. I certify that (I) (this haspital) attended the deceased framNoy. 14, 1959, ta January 19, 1960, that (I) (we) last											
H	saw the deceased alive an January 189, 60, and that death accurred at 6.500 M am the causes and an the date stated above.											
	22a. SIGNATURE	1	- /							22b. DATE		
	1. One	interio del	Crucken	M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.		1/19	160 SIGNED		
	296. PHYSICIAN'S				22d. ADDRESS	J.M.EG. GK			-1-//	-		
	NAME (Type)	Agustin delC	ampo, M.D.		Springf	ield Hosp	pital, Sy	rkesvi	lle, N	4d.		
230	BURIAL, CREMATIC	N, 23b. DATE THEREOF	23c. NAME OF CEMETE	RY OR CR	EMATORY	23d. LOCA	TION (City, town,	or county)	(State)		
	BUR LAL	1-21-1960	Ebeneze	r		Carr	oll Co.	Mary	rland			
24.	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		250	REC'D BY REGIST	1	ISTRAR'S SIG		(F)		
	C. M. V	waltz,	Winfield, Ma	TYLE	DA	TE JAN 21'	60 0	bothur S.	trans			
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09/61/1	7	P. P. Dies I.V.	
. M. est imate.	tional definition		districtives;

CERTIFICATE OF DEATH

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11456		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If in o. STATE AR I-LAND.	stitution: Residence before admission) UNITY EARROLL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WESTMINSTER	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 139 CITY VIEW AVE,	139 CITY VIEW A	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) GILBERT REESE EBA	Lost 4. DATE OF DEATH	Month Day Year TANUARY 20 1960
SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH FEB. 10, 1908 9. AGE (In lost birth) 5	years IF UNDER 1 YEAR IF UNDER 24 HR: Months Days Hours Min. yrs.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHIENST MILL WORK	STRY 11. BIRTHPLACE (State or foreign country) CARL TON MARYZ	12. CITIZEN OF WHAT COUNT
JOSEPH ALLEN EBAUGH	14. MOTHER'S MAIDEN NAME STELLA RE	FESE
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dotes of service) 216 - 03-9193	NFORMANT Vafe - MRS, GILBERT EB,	Address AVG-H - WESTMINSTE
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate code (o), stating the under: Lying cause last. [b] DUE TO (c)	INFARCTION	INTERVAL BETWEEN ONSET AND DEATH 5 Men.
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER	NOT RELATED TO THE TERMINAL DISEASE CONDITION D. (Enter noture of injury in Port I or Port II of item 18	PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) clory, street, office bldg., etc.)	(County) (State
21. I certify that I attended the deceased from OCTOBE alive on JANUARY 16, 19 60, ond that death SIGNATURE William L. STEWART, M.D. NAME (Type) William L. STEWART, M.D.	ADDRESS (Street, city or M.D. 19 RIDGE RD.	lown, stote) DATE SIGN
20. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OF REMOVAL (Specify) 1/23/60 LEISTER	'S CEMETERY WESTMU	ISTER, CARROLL, 1
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NESTMIN	10 -00 11	REGISTRAR'S SIGNATURE

moy be retained by the hospital or attending physician.

O FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 moy be retoined by SS/6 (9) 2 structured by SS/6 (9) 2 should be d

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MARYLAND STATE DIFARIMENT OF HEALTH-BALTHAORE 18

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the character, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00476

		1483	CERTIFIC	AIE	OF DEATH				()	2
1. PLACE OF DEATH o. COUNTY Carr	011		MARYLAN		USUAL RESIDENCE (MO. STATE M. yland	/here deceased liv	b. COUNTY	n: Residence b		sion)
b. CITY OR TOWN (I RURAL ond give no Sykesvi	f outside corporate limits		5 m 12 days		c. CITY OR TOWN (IF Emmitsbu	D.	limits, write RU	IRAL ond give	nearest tow	n)
OR INSTITUTION	AL (If not in hospitol, girlleld State H				d. STREET ADDRESS		88 11		ON	SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	First Anna		Middle Isabell	le	Eckenrode	4. DATE OF DEATH	Month		Doy 16	Yeor 19 60
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D.	ATE OF BIRTH	9.	AGE (In years lost birthdoy)	IF UNDER 1 YE		T
Fem	White	WIDOWED	DIVORCED [20	10-21-83		76 yrs.	Months Day	ys Hours	Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work de king life, even if retired)	one 10b. KIN	ND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stor		try)		S.A.	COUNTRY?
13. FATHER'S NAME	OLK			14	. MOTHER'S MAIDEN				7 642 9	
17	Palamada			0.00	Vencenet	Poddy				
	Eckenrode R IN U. S. ARMED FORCE	ES? 16. SO	CIAL SECURITY NO.	17. INFOR	Margaret MANT	Roudy	Addre	ess		
(Yes, na, or unknown)	(If yes, give war or dates of ser	vice)		S.	S.Hospital	Records				
	ATH [Enter only one count ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		for (o), (b), and (c).	Righ	t external	iliac s	rtery	d	NTERVAL BONSET AND	D DEATH
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (Arter	iosclerotic	car	diovascula	r diseas	8e		year	5
	HER SIGNIFICANT COND DC. with unki	nown o	NTRIBUTING TO DEATH	BUT NO	RELATED TO THE TER/	MINAL DISEASE C	ONDITION GIVE	EN IN PART 1(19. WAS PERF	ORMED?
CBS asset OF CONTRIBUTING OF C	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCU	URRED. (E	nter noture of injury in	Port I or Port II	of item 1B.)	五世		
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Yea	While _	URY OCCURRED 20e Not while of work		OF INJURY (Home, for , street, office bldg., e		town)	(Cour	ity)	(Stote)
21. I certify the	at (1) (this hospital)	attended	the deceosed from 1960, and the	om	Jan.5, 1	60 , to OPMfrom th			. ,	
22o. SIGNATURE	Efran	17	wha	Ma	PHYS.	MED.	STAFF PHYS.			SIGNED
22c. PHYSICIAN'S NAME (Type)	Edmund Lustl	naus	M.D.		22d. ADDRESS Springfie	1d State	e Hoapit	al, Sy	kesvi	lle,Md
23a. BURIAL, CREMATIC	Jan . 20 . I	960	3c. NAME OF CEMETE St • Anthon			Nr . Em m	City, town, o	g Fred	lk.Co	• MD
24 FUNERAL DISERTOR	SIGNATURE	x S	ADDRESS Thurmo	nt	MD 250. REG	C'D BY REGISTRA		TRAR'S SIGNA		1/34
Raymon	d E. Crea	ger								

Addison ! Bearing, H Smill deres Bucklemung wheel o Likywelvi S. Laftenell Science L. L. S. Lapper and econsist affects. ST PARTIEST at a set party and see a the terminal for the sale of the standard of the sale - one server and decomposition to a find the restaurance of 4 fms awarding (1) by cooking RCD Burging Interest Court Court State of the Court of the Co was allowed to the control of the co The thought to the state of the

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0484 CERTIFICATE OF DEATH

Reg. Dist. No. ()()477

1. PLACE OF DEATH o. COUNTY Carroll		MARYLAND	2. USUAL RESIDE a. STATE M	NCE (Where deced	b. COUNT		ce befare adm	issian)
b. CITY OR TOWN (If autside carparate limi RURAL and give nearest town)		NGTH OF STAY IN 16	c. CITY OR TO	WN (If autside ca	rporate limits, write	RURAL and g	give nearest ta	wn)
Henryton	1:	,548 days	В	altimore		340	1-4	
d. NAME OF HOSPITAL (If not in hospital, government), or INSTITUTION Henryton Stat	e Hospi	tal	d. STREET ADI	DRESS	eene Str	eet	ON	ESIDENCE A FARM?
NAME OF Fir		Middle	Felde	4. DAT OF DEA	To	nth nuary	Day	Year 60
. SEX 6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	0	9. AGE (In years last birthday) 29 yrs	Months .	1 YEAR IF UN Days Haur	DER 24 HRS Min.
Oa. USUAL OCCUPATION (Give kind of wark during most of warking life, even if retired Laborer	dane 10b. KIND	OF BUSINESS OR IND				12. CITI2	ZENOF WHAT	COUNTRY
3. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME			-	
Willie Felde	r		Chri	stien Ro	binson			
WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIA	AL SECURITY NO.	INFORMANT	2000		dress		(5.5%)
(Yes, no, or unknown) (If yes, give war or dates of s	ervice)		Ale	xander I	Felder			
18. CAUSE OF DEATH [Enter anly ane con PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Card	(a), (b), and (c).]	insuffic	iency			INTERVAL ONSET AN	
gave rise to immediate cause (a), stating the under-)							
PART II. OTHER SIGNIFICANT CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DITIONS <u>CONTR</u>	BUTING TO DEATH B	JT NOT RELATED TO T	HETERMINAL DISE	ASE CONDITION G	VEN IN PART	PERI	FORMED?
	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature af i	njury in Part I ar I	Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Ye Hour a.m. p. m.	While I at wark (Nat while	PLACE OF INJURY (Ho factory, street, affice b	ldg., etc.)	City ar tawn)		Caunty)	(State
21. I certify that I attended the alive an January 22, ACTUAL SIGNATURE	, 19 00	, and that dea	th accurred at 1	M, fra	(Street, city ar tawn	nd an the	date state	decease ed abave ATE SIGNE 22-6
PHYSICIAN'S Edgars M. N				yton St	ate Hospi	tal,	Henryt	on,
20. FINIAL CREMATION, 226. DATE THERECO	160 9	CHANGE OF CEMETERY	4 8.C	YIL	annin	ar caanty)	50	rate
THE RELIEVER THE	LAW 3	POMBALLON		ATE JAN 2	5 '60 24b. REG	ASTRAR'S SIC	/	

MARY LAND STATE OF SEATH OF HEALTH, DESIGNATION OF SEATH OF SEATH

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Manufectuality Community Legislatin temperature V

	0459	CERTIFICA	ATE OF DEATH	Reg. [Dist. No.
1.	COUNTY Seemall	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE)	ceased lived. If institution: Residual b. COUNTY	ence before admission)
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	GTH OF STAY IN 16	c. CITY OR TOWN (If outside	carporate limits, write RURAL and	e. IS RESIDENCE ON A FARM? YES NOV
3.	NAME OF DECEASED (Type of print) URITH-IR	EWE -	1 0 00 10 20 -	ATH SALLAN	9 18 19 62
5.	SEX OH 6. COLOR OR RACE 7. MARRIED 1	DIVORCED	9-17-1874	9. AGF (In years' IF UNDI last birthdoy) Manths	Doys Haurs Min.
10	b. USUAL OCCUPATION (Give kind of wark done 10b. KIND Olduring memory working life, even if retired)	F BUSINESS OR INDU	STRY 11, BIRTHPLACE (State or fore	ign country) 12.C	ITIZEN OF WHAT COUNTRY
	William Hawble		14. MOTHER'S MAIDEN NAME	Jones	
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service)	SECURITY NO. 1	NFORMANT US RECUESTED RECO	le - Hauchi	tood Med
	IB. CAUSE OF DEATH [Enter only one couse per line for (a) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)), (h), and (c).]	claratio Hes	ent Dileane	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate (b)				
Z	lying couse last. DUE TO (c)	TING TO BEATURE		CEASE CONDITION ON THE	ADT 1/ 1/20 MAS AUTORS
FICATION	PART, II. OTHER SIGNIFICANT CONDITIONS CONTRIB	is ut	- kudneni	Semle Rement	PERFORMED?
IL CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature af injury in Part 1 d		
MEDICAL		occurred 20e, PL fa	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	(City ar town)	(County) (State
	21. I certify that I attended the deceased fram	m Man 195	occurred at 5 p M. fr	am the causes and an t	last saw the decease
	ACTUAL W/17 Floand			SS (Street, city or town, state)	DATE SIGNE 1-19-60
	PHYSICIAN'S NAME (Type) NH FO Ard	MD.	Marche	sterund	1-19-60
22	BURIAL, CREMATION, 226. DATE THEREOF 22c. N. ROMOVAL (Specify) 1-21-60	Succe of CEMETERY OF	R CREMATORY 22d. 1	OCATION (City, town, or county)	(State)
23	soperal director's signature. How	chiteac	240. REC'D BY R DATE JAN 2	egistrar 246. REGISTRAR'S 1'60 Outlant 2	

DATE JAN 21 '60

VS A1S (4) 15M 9/5B

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death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

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		03	CER CER	IJFICAI	E OF DEA	AIII	10.12					
-	1. PLACE OF DEATH				2. USUAL RESIDEN	ICE (Who	ere deceased		an: Resider	nce befare	admissio	n)
	o. COUNTY	rroll		MARYLAND	o. STATE	arvl	and	b. COUNTY	How	ward	24	
1	b. CITY OR TOWN (IF	autside carporate limits, w	rite c. LENGTH OF	STAY IN 16		-		rote limits, write R		17 47 47	est town)	
-	Sykesville		lisme lim	os.lday	Ton	urel		, 1	2 V -	2.		
t	d NAME OF HOSPITA	AL (If nat in haspital, give s	street address)	102 • Tagl	d. STREET ADD			1 20		е.	IS RESTD	ENCE
	OR INSTITUTION	ld State Hosp	oi t ol		RFD #:	1, 10	O A.				ON A F	
1	3. NAME OF	First		liddle	Last		4. DATE	Man	th	Day	Ye	or
1	DECEASED (Type or print)	Mary	E11		Fuller		OF DEATH	Janua		29		60
1	5. SEX		MARRIED NEVER M		DATE OF BIRTH			9. AGE (In years	-	R 1 YEAR IF	,	
	Female	7 77 1 1			November	15,	1866	last birthday) 93 yrs.	Months	Days	Haurs	Min.
1	10a. USUAL OCCUPATIO	N (Give kind af wark dane ing life, even if retired)	10b. KIND OF BUSINE	ESS OR INDUST	RY 11. BIRTHPLACE	E (State (or fareign c	auntry)	12. CIT	IZEN OF W	VHAT CO	UNTRY?
	Practical	nurse				ylan				U.S.	Α.	
1	13. FATHER'S NAME		The party of the		14. MOTHER'S MA	AIDEN N	AME					
	George Fra	ancis Fuller			Ella S	Stew	art					
1	IS. WAS DECEASED EVER	IN U. S. ARMED FORCES?		Y NO. 17, INF	ORMANT			Add	ress			
Н	(Yes, no, or unknown) (I	If yes, give war or dates of service	-	9	pringfie	ld H	ospita	al Record	is			
F	18. CAUSE OF DEAT	TH [Enter only one cause	per line for (a), (b), and	d (c).]						INTER	VAL BETV	WEEN
1		H WAS CAUSED BY:	Arterioso		heart d	1000	99				and	EATH
1	420.0	DUE TO	AI CELLOSC	TELOOT	near o a.	rpea	30.	1000		10	CILD	
4	Conditions, if on	which)								1.76		
	gave rise to im	nmediote (NT-VILLE		100							
	couse (o), stoting t lying couse last.	he under-										
	Z PARTUIL OTH	ER SIGNIFICANT CONDITION	ONS CONTRIBUTING J	Q DEATH BUT	OT RELATED TO TH	E TERMII	NAL DISEAS	E CONDITION OIL	EN IN PAR	RT 1(a) 19.	WAS AL	JTOPSY
		tic reaction		on ceret	oral arte	rios	CTELO	sis, with		,	YES T	NO T
	20a. ACCIDENT WAS	S UNDERLYING [] 20b.	. DESCRIBE HOW INJU	JRY OCCURRED.	(Enter noture of in	jury in F	ort I ar Par	t II of item 1B.)				-
	OR CONTRIBUTING	CAUSE OF DEATH										
	3 20c. TIME OF INJURY	Month, Doy, Year 2	20d. INJURY OCCURRE		E OF INJURY (Hor			y or town)	((County)		(State)
	ZOc. TIME OF INJURY Haur o. m.		While Not while	focte	ory, street, office bl	dg., etc.)					
		t (I) (this haspital) at		C	ent. 28.	10	55	January	29.10	60 160	+ /I\ /s.	اء حال ده،
	21. I cerilly inoi	ed alive and and a	rv 28 3060		ath accurred o							
1	220 SIGNATURE	ed dive dis de	-3 -231720	ana rhar ae	arn accurred c	11002	MEN-HE CILI	rne couses or	a an Inc	e date s		DATE
	Zom	-d In	shae	M	.D. ATTENDING PHYS.	ME DIF	D. RECTOR	STAFF PHYS.		1		SIGNED 60
	22c. PHYSICIAN'S NAME (Type)			**	22d. ADDRESS						2.0	
		Edmund La	usthaus, M.	. Д.	Sprin	gile	Td Ho	spital,	ykes	AJTTE	, Mc	1.
	23a. BURIAL, CREMATION			CEMETERY OR			23d. LOCA	TION (City, town,	or caunty)		(Stote)	
	Buffat (Specify)	2/1/60	Loudon	Park Ce	metery		Balt:	imore	1	Maryl	and	
	24. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS Mor	I	25	io. REC'I	BY REGIST	TRAR 2Sb. REGI	STRAR'S SI	GNATURE		
	F. Gasch's	ons nyatt:	sville, Mar	ATANG	D	ATEFF	3 2 16	0 0	Thur 9	House		

herol director, be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the analysis of should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours offer death.

NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

TO HOSPITAL OR A VR A15 (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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TIFIC	ATE	OF D	EATH

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		ELC PLAN	U-48	CERTITION	TE OF DEAT				(102
1. PL	ACE OF DEATH				2. USUAL RESIDENCE (Where deceased live	L COLLIETY		fore admission)
٥.	Cal	roll		MARYLAND	Many	yland	b. COUNTY	legany	
Ь.	CITY OR TOWN (RURAL ond give n	If outside corparate li	mits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RUR	AL and give n	earest town)
		esville		15 y5m 7 days	Cumberla	and	01	02- 6	2
	NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital,		t address)	d. STREET ADDRESS				e. IS RESIDEN ON A FAR
		d State He	ospit						YES NO
DE	AME OF		First	Middle	Last	4. DATE OF	Manth		Day Yeor
	ype or print)	Frank		Monroe	Gannon	DEATH	1	2	
. SE	X	6. COLOR OR RACI	7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. A	4 1 3 41 1 3	Months Doys	R IF UNDER 24
	Male	White	WIDOV	VED DIVORCED	3/24/27		32 yrs.	5075	110013
0a. l	USUAL OCCUPATION	ON (Give kind of wor king life, even if retire	k done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	ote ar foreign country	y)		OF WHAT COUN
	None	king me, even il semi			Maryl	and		U.S	A.
3. FA	ATHER'S NAME	1			14. MOTHER'S MAIDEN	NAME			
	John	R. Gannon			Gladys	Gannon			
s. W				S. SOCIAL SECURITY NO. 17.	NFORMANT	-0.12101	Addres	\$	
	no, or unknown)	(If yes, give war or dates o			0 0 11	Danamia			
-	no			tinkn line for (o), (b), and (c).]	S.S. Hospital	records			TERVAL BETWEE
	Conditions, if a gave rise to cause (a), stating	iny, which	(b)						
- 1	lying couse last.		(c)						
ATION	Mental	deficiency	, wi	contributing to DEATH BU	T NOT RELATED TO THE TER	rminal disease co	indition given	N IN PART 1(a)	19. WAS AUTO PERFORMED YES NO
CERTIFICATION	ROG. ACCIDENT W OR CONTRIBUTING IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEAT MEDICAL EXAMINER	н	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Part I or Port II o	f item 1B.)		
	Oc. TIME OF INJU Haur a.m. p. m.	RY Month, Day, 19	Whil	6.	LACE OF INJURY (Hame, for octory, street, office bldg.,		awn)	(Count	2) (٧
2	21. I certify the	at (1) (this haspit	al) atter	degt the deceased fram.	10-20-	1954 . to 1	-23-60	19	that (1) (we)
		sed alive an]			death accurred at	30PMrom the	causes and		, , , ,
	220. SIGNATURE	1.	1 -	70			227730 0.10		22b. DA
	(6	ylum	1	willow	M.D. PHYS.	MED. S	TAFF HYS.		1-2
2	22c. PHÝSICIAN'S	1			22d. ADDRESS				_ ~,
	NAME (Type)	Edmund Lus	thau	s M.D.	Springfi	leld State	Hospita	1, Syk	esville
23a. I	BURIAL, CREMATIC REMOVAL (Specification)	Jan. 26		0 St. Marys	Cemetery	Cumb 6	crland	county)	(Stote)
24. FL	UNERAL DIRECTOR	R'S SIGNATURE	ilt	ADDRESS	250.A	JAN 2 6 '60		RAR'S SIGNAT	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Fage 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the need director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, or remayal, and in any exertivitin 72 hours after death. VR A1S (4) 1SM 9/59

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		minofavni tanici	7 . Tomolollo Lidne
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,	diaministrate biolisaries.	m. T.T.	List west
	Market State of the State of th	11 8 T 12 08-	Commission of the second

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The registrar prior to burial, cremation, or removal, and in any event within 72 pours offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		MARYI		STATE DEPA					IMORE, 1	Reg. Dist.	0 -	481
L	PLACE OF DEATH a. COUNTY	Carroll		MARY		a. STATE	laryl	and		n: Residence b	efore admission	n)
	RURAL and give	(If autside carporate limi nearest town) Svkesville		c. LENGTH OF STAY	IN 1b				ote limits, write RI	JRAL and give	nearest town)	
		ITAL (If not in hospital, g				d. STREET A			41110		e. IS RESID ON A F YES	ARM?
	NAME OF DECEASED (Type or print)	KATTE	st	Middle		GIST		4. DATE OF DEATH	JAN		Day Ye	60
	sex Comale	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE		8. DATE OF BIRTH			AGE (In years last birthday) 79 yrs.	Months Da	SAR IF UNDER	24 HRS. Min.
100	. USUAL OCCUPAT	ION (Give kind of work or trking life, even if retired TK		kind of Business o	R INDU		laryl	and	intry)		OF WHAT C	OUNTR
		James		nton		Ann		I. Fro	st		9-11	
	WAS DECEASED EV is, no. or unknown)	ER IN U. S. ARMED FOR Ill yes, give wor or dates of s		SOCIAL SECURITY NO		nformant 's. Her	ert	Latto	n. Dama	ascus.	Md.	
		EATH (Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (a), (b) and (c).	u	is the	Un	ca	relite	2	NTERVAL BETY	VEEN
	Conditions, if gave rise to cause (a), stating lying cause last	immediate DUE TO		Dente	1	Helit	16	Sus	affe	Tay	10	de
CERTIFICATION	Cerela	THER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER	DITIONS	CONTRIBUTING TO DEA	5/	with	Pair	tall	ralys	EN IN PART A	19. WAS AL PERFOR/ YES	MEDO
MEDICAL	20c, TIME OF INJU Haur a. ft. p. m.	IRY Month, Day, Yes	while	NJURY OCCURRED Not while at work	20e. PL fo	ACE OF INJURY (I	lome, farm bldg., etc.	, 20f. (City o	or town)	(Cour	(עזר)	(State)
	21. I certify alive on	Hat I attended the Aurell 10 R RE	deceas 194	1 1	1	2, 1922 a occurred at				nd an the	t saw the date stated	
220	BURIAL, CREMATI REMOVAL (Specif BUR LAT	ON, 22b. DATE THEREO		Wesley					ON (City, town, o		(State)	
23.	FUNERAL DIRECTO	Waltz,	Wi	nfield, Mo	1.			BY REGISTR		TRAR'S SIGNA		

P. T. SHI MALEST CO.		DISO CEUT	
		1944-471-2	
	MIN STATE		
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and the first of the state of t	er (1.1) Appl. M. S. S. Za bert soo Hoel	and the decreed from a contract	
		TO DESCRIPTION OF THE OWNER OF THE OWNER O	THE WAR TO SERVE THE
TO SEE SHARMS AND SEE AND SEE AS A SECOND SE	18 7 3 10 mg		Medical engrands and the

0488 **CERTIFICATE OF DEATH**

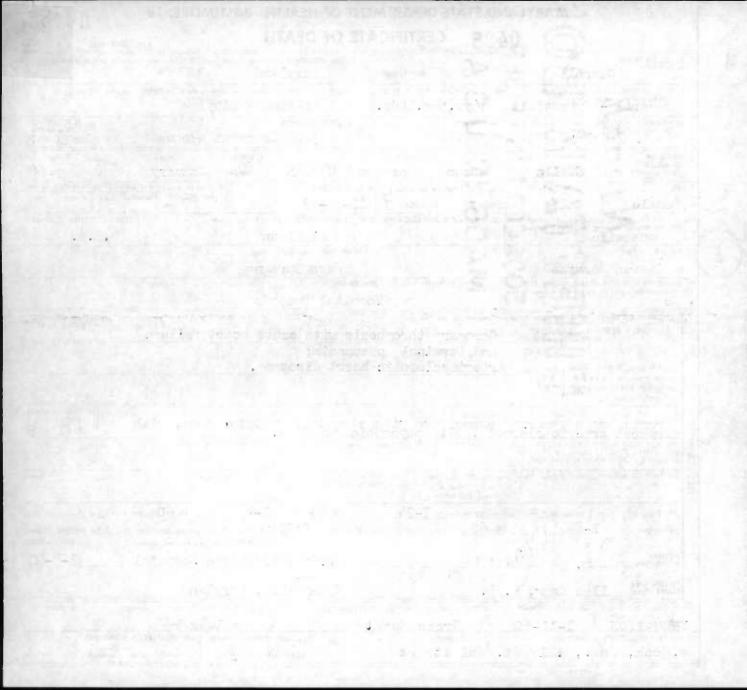
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			0 2 0	· G					K e	g. Dist. I	10.	
1. PLACE a. COL	OF DEATH	arroll		MARYLA	ND		ence (whearylan	ere deceased lived	. If institution: I b. COUNTY	Residence be	efare admi	ission)
b. CITY RUR	OR TOWN (IF Al and give ne- Rural	outside carporate lim arest tawn) Sykesvil	its, write Le	6yr.5mo.140				ore City	mits, write RURA	L and give	nearest tax	wn)
d. NAA OR	ME OF HOSPITA INSTITUTION SPRIM	AL (If not in hospital,) FIELD STA	give street PE HO	oddress) SPITAL		d. STREET AT		resmont A	Avenue		ON	ESIDENCE A FARM?
3. NAME DECEA (Type o		Stella	rst	Bowne Spr	agu	e GRAI		4. DATE OF DEATH	Month January		Doy 8	Year 19 60
5. SEX Fen	nale	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED ED LOVORCED	_	DATE OF BIRTH		9. AG		UNDER 1 YE	_	
durin	AL OCCUPATIO g mast af wark lousewij	ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUST		chiga			12. CITIZEN	OF WHAT	COUNTRY
	R'S NAME Steven	วิกาลตาเล				14. MOTHER'S	MAIDEN N					-
	DECEASED EVER			SOCIAL SECURITY NO.		FORMANT spital			Address			
gav caus lying	nditions, if are rise to in its (a), stating to g cause last. PART II. OTH	he under-	Ar	nd terminal teriosclerot contributing to DEATH .ssociated wi .s, with psyc	H BUT N	heart di	LSease THE TERMI	NAL DISEASE CON	idition Given	IN PART 1(a	1) 19. WAS	ORMED?
20a. / OR CO	ACCIDENT WA ONTRIBUTING THER, NOTIFY IME OF INJURY Haur a. m. p. m.	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRÎBE HOW INJURY OCC	URRED.	. (Enter nature af	injury in F	art I ar Part II af	item 18.)	(Caun		(State
alive	e on	at I offended the		sed from 7-21 60 , and that d	eoth -	, 19 <u>53</u> occurred at	2:00 P	M, from the c	causes ond c	on the do	ate stote	deceose ed obove ATE SIGNE
PHYS	ATURE	Ilse Kamm,	M. D	M. 1	M			ld State e, Maryl:		1	1.	-8-60
REMO	AL, CREMATION	1-11-6		22c. NAME OF CEMETE		CREMATORY		22d. LOCATION (City, tawn, ar co	ounty)	(St	rate)
23. FUNER	RAL DIRECTOR'S	SIGNATURE		ADDRESS Paul Street				BY REGISTRAR	24b. REGISTRA			

filed with ieral directar TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the interal page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR A VS A15 (4) 15M 9/58



VS A1S (4) 1SM 9/SB I

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MARYLAN	ND STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
0.40		CEDTIEICATE	OF	DEATH	

		n	429	CERTIFICA	ATE OF DEAT	Ή		Reg. Dis	it. No.	00483
1.	PLACE OF DEATH a. COUNTY Carrol	1		MARYLAND	2. USUAL RESIDENCE (V a. STATE Marvland	Vhere decease	ed lived. If institution b. COUNTY	_	e befare	. /
		(If autside carporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f autside carp	orate limits, write R	URAL and g	ive near	est tawn)
	Sykesv		nive street	5y.11 mos.	Rural - T	aneyto	wn	10	× -	2
	OR INSTITUTION				47				· ·	ON A FARM?
		field State			Route #2					YES NO
3.	NAME OF DECEASED		rst	Middle	Lost	4. DATE OF	Man		Day	60
	(Type or print)		NIE	E.	HAHN	DEATH		nua ry)	19
5.	SEX	6. COLOR OR RACE	7. MARI	RIED TO NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Manths	Days	Hours Min.
	Female	White	WIDOW		3-5-1875		84. yrs.			
100	 USUAL OCCUPATI during mast af wa 	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sta	te ar foreign	cauntry)	12.CITI		WHATCOUNTRY
	Housew		H	ousewill	Marylan	ıd			U.	S.R.
13.	FATHER'S NAME	ALCO TO		V	14. MOTHER'S MAIDEN	NAME	0 .			
	Dav	id Marshall			Caroli	ne	Seacris	<i>f</i>		
		ER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	INFORMANT	-	Add	ress		
(14	No No	(If yes, give war or dates of	service)	Unk. F	Records, Spri	ngfiel	d State I	Hospit	al	
F		ATH [Enter only one c	nuse per li		7	-6		-		RVAL BETWEEN
		ATH WAS CAUSED BY:		teriosclerotio	heart dises	90			ONSE	T AND DEATH
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	cause (a), stating									
_	lying cause last		c)							
ATION	Chronic nsychoti		ome s	CONTRIBUTING TO DEATH BLU SSOCIATED WITE	n senile brai	My dise	ESONDITION CI	EN IN PART	Γ1(a) 19	PERFORMED?
E	20a. ACCIDENT W	AS UNDERLYING [20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Part I ar Pa	irt II af item 1B.)			
CERTIFI	OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Ye	While	NJURY OCCURRED 20e. PL Nat while k at wark	ACE OF INJURY (Hame, fa ctary, street, affice bldg., e	rm, 20f. (Cit	ty ar tawn)	(C	Caunty)	(State
H	21 I certify t	hat Lattended the	decens	ed from March	7 1955 ta	Januar	ry 5 _{, 19} 60	that I la	st saw	the deceases
	alive an J		, 19		accurred at 6:45					
	duve du6	guidary /	, 12_3	A a and mar deam	accorred digital		Street, city ar tawn,		dare	DATE SIGNED
	ACTUAL SIGNATURE	mistris.	001	Charle be	Springf		tate Hosp			1-5-60
5	SIGNATURE	a ware		CANNOLL	M.D	ToTa D	oa oo nosp			
	PHYSICIAN'S	gustin del	Camp	o w D	Carles and	22. W.				
					Sykesvi					
22	REMOVAL (Specify		1960	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	ATION (City, town,	ar county)	/	(State)
_	Burnel	1-8-1	100	Eregreen Con	netury	Su	Marina		/	
23.	FONERAL DIRECTO	R'S SIGNATURE	1.1	ADDISESS H	24a. RE	C'D BY REGIS	TRAR 24b. KEGI	STRAR'S SIC	SNATUR	É
A	Jonald TV	ello 321 Ca	rlisb	* Surprine	DATE I	JAN 8	'60	Ilua 9	4	

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1 FOR STATE	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	004
HEALTH DEPT.	Reg. Dis	
0 0 E	PLACE OF DEATH O. COUNTY COUNTY (b) COUNTY (b) COUNTY (c) MARYLAND 1. PLACE OF DEATH O. COUNTY (c)	ice before admission)
P He fill	b. CITY OR TOWN (If outside corporate limits, write RURAL ond and give nearest town) CLEANER REAL RELATIONS SYND. X Marchister - Rura	give neorest town)
lay is necession of a control did on the Board for the Boa	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDE ON A FA YES NO
the funder of the funder of the State of the	3. NAME OF DECEASED (Type or print) POBERT - LAUER-HALE OF DEATH JOSEL 2:	Doy Year 2 19 E
d 3 to may b ours off	WIDOWED DIVORCED 1/25-10 1/2 3/ yrs.	TYEAR IF UNDER 24 Days Hours Min
Poge 5	during most of working life even if retired)	US A
Poges Poges Poges Poges	13. FATHER'S NAME Hale Halle Lauren	
in 24 h Give Ath farr 11. File any ev	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18 yes, give more or dotas of service) MLD: W-W-#2-220-40-8430MWD Hove Achaeffer-A	tale
1 0 1 D	ye. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	INTERVAL BETWEEN ONSET AND DEATH
a point	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) HSPHYXIA	Charles Bearing
of see	916.0 DUE TO	
A THE PER V	(Conditions, if ony, which) (b) # OUSET RALLER FIRE	500
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a pelo	(a), stating the underlying DUE TO	
		AND DESCRIPTION OF THE PARTY OF

ale
INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES 🗌

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(State)

e. IS RESIDENCE ON A FARM? YES NO M

> Yeor 19 6

IF UNDER 24 HRS.

Min.

12. CITIZEN OF WHAT COUNTRY?

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20b. DESCRIBE HOW INJURY OCCURRED. (Enter notuce of injury in Port 1 or Port 11 of item 18.)

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY

200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Not while CObt work of work

Notural causes

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

2). I certify that I took charge of the remains described above, held an Autopsy Inspection \ Inquiry X and in my Homicide , Undetermined manner

22d. LOCATION (City, town, or county)

(County)

ACTUAL M.D. SIGNATURE

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DATE SIGNED

220. BURIAL CREMATION.

opinion deoth resulted from:

CEMETERY OR CREMATORY

Accident

cauc 24c. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DIRECTOR'S SIGNATURE

NAME (Type)

Suicide |

4 should be farmed to 10 for the should be farmed to 10 FUNERAL DIRECTOR: Por its designated agent, O DEPUTY VS. A15ME 5M 2/57

e used as a burial-transit

d to the Chief Medical Examiner's O

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		491 CERTIF	ICAI	E OF DEAT	Н		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Carrol	u	MARYLA	ND 2.	o. STATE Maryl	here decease and	d lived. If instituti b. COUNTY	on: Residen B alti r	ce befare	e admission City	
b. CITY OR TOWN (If autsing RURAL and give negres) (Sykesvilla		c. LENGTH OF STAY IN 35yrs7mths1	1	c. CITY OR TOWN (IF Baltimore	outside corpo		URAL ond	give near	rest tawn)	
d. NAME OF HOSPITAL (IF Springfield	nat in haspital, give stre State Hospi	et address)		d. STREET ADDRESS	iew Av	e.		•	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Annie	Middle		Herion	4. DATE OF DEATH	Man 1	ith	Doy 3	, Y	960
s. sex Female 6. C	hite	RRIED NEVER MARRIED WED DIVORCED	T	ate of birth Inknown		9. AGE (In years last birthdoy) 76 yrs.	Months	1 YEAR Days	Hours	R 24 HR Min.
10a. USUAL OCCUPATION (Giduring most of working lift Housework	ve kind af wark dane e, even if retired)	b. KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stor		ountry)		S.A.	WHATCO	DUNTR
13. FATHER'S NAME Uni	mown		1.	4. MOTHER'S MAIDEN Unkn						
15. WAS DECEASED EVER IN U (Yes, no. or unknown) (If yes, s	S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.		rmant spital reco	rds	Add	ress		X	BY
1B. CAUSE OF DEATH [I		line for (o), (b), and (c).] Cerioscleroti	c Hea	rt Disease	•			ONSE	RVAL BET ET AND I	
Conditions, if ony, w gove rise to immed cause (a), stating the un lying cause lost.	iate (DUSTO	neralized arto	erios	sclerosis		9134		уеа	ars	
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20c. TIME OF INJURY Mo	Whi		e. PLACE foctary	OF INJURY (Home, far , street, affice bldg., e	m, 20f. (City	y or town)	(4	County)		(Stot
21. I certify that I alive an 1- 3- ACTUAL SIGNATURE AGENT PHYSICIAN'S NAME (Type) Agust	attended the dece-	ased fram3-7- 60, and that do	eath ac	, 1955 , tal- curred at3.30 Springfie Sykesvill	address (s ld Sta	the causes an treet, city or town, te Hospi	state)	e date	stated	abav
220. BURIAL, CREMATION, 22 REMOVAL (Specify) BURIAL	b. DATE THEREOF	LOUDON	A	PHRK	22d. LOCA	TION (City, town,	or county)		(State	•)
23 FDNERAL DIRECTOR'S SIGN	MATURE MATURE	367 Ches	tuck	fuer DATE	N 4 '6		STRAR'S SI		E	

VS A1S (4) 15M 9/SB

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Carroll

--Westminster

d. NAME OF HOSPITAL (If nat in haspital, give street address)
OR INSTITUTION

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

MARYLAND

vrs

c. LENGTH OF STAY IN 16

a. STATE

Maryland

d. STREET ADDRESS

Rural----

00486

e. IS RESIDENCE ON A FARM?

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

Westminster

b. COUNTY Carroll

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1. PLACE OF DEATH o. COUNTY

Rural

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove corban popers. Pages 1 and 2 shifte State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hospitol or ottending physicion.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR

VR A1S (4) 1SM 9/59

PART I. DEATH WAS CAUSED BY: 3 3 / X DUE TO Canditians, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAPER YES 20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING TO DEATH BUT NOT BLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAPER YES 20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING TO DEATH BUT NOT BLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAPER YES 20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING TO DEATH BUT NOT BLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAPER YES 20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING TO DEATH BUT NOT BLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAPER YES 20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING TO DEATH BUT NOT BLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAPER YES 20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING TO DEATH BUT NOT BLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAPER YES 20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING TO DEATH BUT NOT BLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAPER YES 20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING TO DEATH BUT NOT BLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAPER YES 20a. ACCIDENT WAS UNDERLYING A CONTRIBUTION OCCURRED. (Enter noture of injury in Part 1 or Part II of item 1B.) 20b. DESCRIBE HOW INJURY COCURRED. (Enter noture of injury in Part 1 or Part II of item 1B.) 20c. TIME OF INJURY Manth, Doy, Year of the work of the part of the part 1 or Part II of item 1B.) 20c. TIME OF INJURY Manth, Doy, Year of the part of	2 NOX
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SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10. DATE OF BIRTH 9. AGE (In your of statistical property) 1. STATE PROPERTY OF STATE PROPER	1960
Non-like White Widowed Divorced 11-18-1885 71, yrs. Months Doys Hour Address Widowing most of working life, even if retained Owner Maryland U.S.A.	
Table 106. LEVAL OCCUPATION (Give kind of work dane during most of working life, even if ratired) OWNER ATTHET. — retired OWNER NAS DECEASED EVER IN U. S. ARMED FORCES? A. MAS DECEASED EVER IN U. S. ARMED FORCES? A. MAS DECEASED EVER IN U. S. ARMED FORCES? It. SOCIAL SECURITY NO. 17. INFORMANT Address A. MAS DECEASED EVER IN U. S. ARMED FORCES? A. MAS DECEASED EVER IN U. S. ARMED FORCES? It. SOCIAL SECURITY NO. 17. INFORMANT Address A. MAS DECEASED EVER IN U. S. ARMED FORCES? II. SOCIAL SECURITY NO. 17. INFORMANT Address A. MAS DECEASED EVER IN U. S. ARMED FORCES? III. CAUSE OF DEATH [Enter only one cause pgr line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (b) DUE TO Conditions, if only, which gave rise to immediate cause (a), stating the under. (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PREVAL ONSET AN PREVAL ONSET AN ON	ours Min.
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20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While of work 19	AS AUTOPS
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20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While of work 19	, LI NO
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While of work 19	
21. I certify that (I) (this hospital) attended the deceased from 1960, that (I) saw the deceased alive or 1960, and that death accurred at \$20. From the causes and an the date state 22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS NAME (Type)HOWARD H. HAII. M.D. SYKISVIII. MARYIAND 30. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) (S	(6)
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3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) (S	
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	(Stote)
FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE	
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C. M. Waltz Winfield, Maryland DATEJAN 29'60 Cinum S. France	

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VS A15 (4) 15M 9/58 0493 CERTIFICATE OF DEATH

() () 488 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Carroll MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Balto.City									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Sykesville 9yrs.8mos.8day					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
d. NAME OF HOSPI OR INSTITUTION Springfie	TAL (If not in hospital, quality of the H	ospit	address)	1	r ADDRESS Park He	ights 1	lve.		C	RESIDENCE ON A FARM? S NO 🔀		
3. NAME OF DECEASED (Type or print)	Sop		Middle	Laff	Last	4. DATE OF DEATH	Janua:		Day 11,	Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED 📑	Novemb		1908 9.	AGE (In years fost birthday) 51 yrs.			INDER 24 HRS.		
Joa. USUAL OCCUPATION during most of wor Saleslad	king life, even if retired	dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTH	Russia	or fareign caun	try)		Unkno	AT COUNTRY?		
13. FATHER'S NAME Ydah Lat	ff			14. MOTHER	R'S MAIDEN NA Bessie							
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	Springs	field H		Add Record			200		
	immediate Dus To	Ri Tu	e for (o). (b), ond (c).] ght ventricul berculous fib		rtrophy				ONSET A	L SETWEEN AND DEATH CATS		
Schizoph	nrenia, heb	ephre	4.7					'EN IN PART	PE	AS AUTOPSY ERFORMED?		
200. ACCIDENT W 200. CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Doy, Ye		Not while	ED. (Enter nature PLACE OF INJUR) actory, street, off	Y (Home, farm,	20f. (City or		(Co	aunty)	(Stote)		
		., 196 cQe delCa	ed from March 7, 0, and that dea of Campo mpo, M.D.	h occurred o	oringfi ykesvil	R, fram the ADDRESS (Street eld State)	e causes and t, city ar town, the Host	d an the stote)	date sta	e deceased ated abave. DATE SIGNED 11/60		
BREMOVAL (Specify Burnal 23. FUNERAL DIRECTOR FORF LEN	SIGNATURE	960	ROSE da			BY REGISTRA	470 · R 24b. REGI	STRAR'S SIG	NATURE	(3.016)		

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Hampstead

id. STREET ADDRESS

Lost

6-19-1888

B. DATE OF BIRTH

LaMotte

Maryland

Lula E. Myerly

Springfield Hospital Records

14. MOTHER'S MAIDEN NAME

00489

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

29

Days

IS RESIDENCE

ON A FARM?

YES NO TO

Year

1960

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
Maryland
Carroll

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Month

Address

Months

January

9. AGE (In years

4. DATE OF DEATH

MARYLAND

21 days

Middle

7. MARRIED NEVER MARRIED

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

Ernest

DIVORCED [

c. LENGTH OF STAY IN 1b

CERTIFICATE OF DEATH

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1. PLACE OF DEATH

NAME OF DECEASED

5. SEX

No

(Type or print)

Male

13. FATHER'S NAME

Carroll b. CITY OR TOWN (If outside corporate limits, write

during most of working life, even if retired)

Lewis Edward LaMotte

Laborer

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

Springfield State Hospital

6. COLOR OR RACE

white

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

John

WIDOWED K

RURAL and give nearest town)

Sykesville

by 2 in b Poges 1 completely filled haurs ofter death papers. puo please remaye corban attending physician in ony puo permit. or removol,

NDING PHYSICIAN; The low requires that the death certificate be executed within 24 haurs ofter death. Page 4

certificate hos been signed by or offending physicion. os the buriol-tronsit buriol, cremotian, be detoched far use of Health prior to b this hospitol After page 3 should be detoche the State Board of Health

VR A15 (4)

		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b),	ond (c).]	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosc	lerotic heart disease	years
		420.0 DUE TO		
		Canditians, if any, which) (b)		
		gove rise to immediate Couse (o), stating the under-		
90		lying couse last. (c)		
0	CATION	CBS associated with chronic as heminlegia	codeath but not related to the terminal disease condition given in part to coholism plus cerebral arteriosclerosis	(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
	CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour a. m. p. m. 19 ville Nat while ot work of work of work	e foctory, street, office bldg., etc.)	unty) (State)
		21. I certify that (I) (this haspital) attended the dec	eased fram. 8-5-59 19 10 1-29 19 60	, that (I) (we) last
			and that death accurred at 2:00, From the causes and an the	date stated above.
		220. SIGNATULE	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	226. DATE 1-29-6
1		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
-		Dr. Edmund Lusthaus		
	230	PENOVAL (Speciful	OF CEMETERY OR CREMATORY , 23d. LOCATION (City, town, or county)	/State)
)	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		NATURE
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18		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4		OLGE CERTIFICATE OF DEATH Reg. Dist. No.
with	34	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Regidence before admiration)
die die		o. COUNTY AMARYLAND D. STATE D. COUNTY CARREST COUNTY
400		b. CITY OR TOWN (Moutside carporate Jimits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
		Sel Princelle X Manchester
45 09 45 29 45 09	0	d. NAME OF HOSPITAL (If est in hospital give street endress) OR INSTITUTION O
filled in		3. NAME OF DECEASED (Type or print) (MO) First (Middle Lost Lost Lost DEATH (Month Day Year DEATH LOST DEAT
pletely fille ers. Pages		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE/OF BIRTH 2-3 / 7 7 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
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و في		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1
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physic move hours	A	75. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17-INFORMANT
ease re		No A Mordrauh foly Marches Co. Sel
2 2 2		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
hen l		IMMEDIATE CAUSE (a) CARALLE (MICH, CARALLE CAUSE)
by H		Conditions, if any, which) to by ferturing, nt beniebein - bronched 6-20-5
in a		gove rise to immediate cause (a), stating the under
en s ansit ond		Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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ficate the bu		20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
al or at this cert r use as emation		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. st. 19 While Not while of wark of work of wo
fter fter d fo		21. I certify that I attended the deceased from 6-20, 1950, to 2-1, 1960, that I last saw the deceased
oche buric	130	alive an
Red by		ACTUAL SIGNATURE ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ADDRESS (Street, city or town, state) ALCTUAL SIGNATURE ADDRESS (Street, city or town, state) ALCTUAL SIGNATURE ADDRESS (Street, city or town, state) ALCTUAL SIGNATURE ADDRESS (Street, city or town, state)
retaine RAL DI should strar pr	1	PHYSICIAN'S NAME (Type)
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- 5 m=	29	23. FUNERAL DIRECTOR'S SUSNATURE 240. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	10	Hrellerich Buckey Harmer 9 DATE JAN 5 '60 Orthug & the

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0496 CERTIFICATE OF DEATH

() () () 491 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) A STREET ADDRESS ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ANNE REBECCA	LONG 4. DATE OF DEATH Annual Month Day Year 1960
Semals Waster WIDOWED DIVORCED	8. DATE OF 81RTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. BATHER'S NAME	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME
25 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP	WORMANT Canally Costoffice
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ord (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate codes (a), stoting the under: lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
OK CONTRIBUTING LI CAUSE OF DEATH	YES NO
20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	CE OF INJURY (Home, farm, lory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from Day alive on 25, 19 60, and that death ACTUAL SIGNATURE ROOSE WILKER, PHYSICIAN'S E. Reese Wilke	occurred and Dock M, fram the causes and on the date stated abave. DDRESS (Street, city or town, state) A.D. OCCUPANTION OF THE SIGNED OF THE STATE
220. BURIAL CREMATION, 220. DATE THEREOF 22c. NAME OF CEMETERY OF CEMETERY OF COMMITTEE ADDRESS.	22d. LOCATION (City, town, or county) (Stole) WHAT CAMPUTER CAMPUTER (STOLE) 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
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VS A1S (4) 15M 9/58

DZON CERTIFICATE OF DEATH 00492

	Reg. Dist. No.											
o. COUNTY.	roll	MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Balto. City						
b. CITY OR TOW RURAL and giv	N (If autside carporate lim e nearest town)	its, write c. LEI	NGTH OF STAY IN	1Ь	c. CITY OR TOWN (IF		orate limits, write f					
OR INSTITUTION	SPtTAL (If not in haspital, s				d. STREET ADDRESS	e		3 V 0/		IS RESIDENCE ON A FARM		
Spring	field State	Hosbirar			None				,	YES NO		
3. NAME OF DECEASED (Type or print)	J	OSEPH	Middle		LORDO	4. DATE OF DEATH	Moi Ja	nuary	5 Day	Year 19 6		
Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	-	ATE OF BIRTH		9. AGE (In years last birthday) 74? yrs.	IF UNDE Months		Hours Min		
0a. USUAL OCCUPA during most of v	ATION (Give kind af work working life, even if retired POT	dane 10b. KIND	OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stote	e or foreign	country)		taly	/HAT COUNTR		
James	Lordo			14	. MOTHER'S MAIDEN	NAME						
1S. WAS DECEASED [Yes, no, or unknown) NO	EVER IN U. S. ARMED FOR	CES? 16. SOCIA			mant ords, Sprin	gfield		ospit	al			
PART I.	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephrosclerosis Years											
Conditions, i gave rise to couse (o), stati	immediate DUE TO	Genera	al arteri	oscle	erosis				3	Years		
Schizor	OTHER SIGNIFICANT CON CONTROL TO TO TO THE CONTROL	ion, oth	ner and ur	aspec	RELATED TO THE TERM		- 121	VEN IN PAI		WAS AUTOP PERFORMED? (ES NO		
OR CONTRIBUTI (IF EITHER, NOT 20c. TIME OF IN Hour a.	JURY Month, Doy, Ye m.	While _ N	OCCURRED 20e		OF INJURY (Home, for street, office bldg., et		y ar town)		(County)	(Sto		
21. I certify	January 5 January 5 Agustin de	deceased from 19 60	am March , and that de	7 ath acc	., 19.55., to curred at 3:15. Springfi Sykesvil	ADDRESS (Seld S	tate Hosp	nd on th state)	ast saw 1 e date s	the decea stated abo DATE SIGN 1-5-60		
220. BURIAL, CREMA REMOVAL (See	TION, 226. DATE THEREO	OF 22c.	NAME OF CEMETER	Y OR CR	tal	22d. LOC	TION 10 1/10mi,	or county)	7	(State)		
23. FUNERAL DIRECT	OR'S SIGNATURE	let of	ADDRESS OF THE LOCAL	16.	91 240. RES	ANBY TREGIS	180R 24b. REG	STRAR'S S	GNATURE	1		

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VR A15 (4) 15M 9/59 015

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 0498 CERTIFICATE OF DEATH

1	PLACE OF DEATH				II	2 HIGHAL BECT	SENCE AND		d lived 16 hards at	on. Decident	hafaar	ndmissis	201
1.	Carroll			MARY	LAND	o. STATE Mary		ere deceased	d lived. If institution b. COUNTY	un: Kesigence	perare (oumissie	1
	b. CITY OR TOWN (If	autside carparate limi	ts, write c	LENGTH OF STAY	IN 1b	-		utside carpo	rate limits, write R	URAL and gi	ve negres	it tawn)	
И	Sykesyill	e, Marylan	bd	9 hours		BARt.	more	#18	Maryland	3	VO.	1-1	4
	d. NAME OF HOSPITA	AL (If nat in haspital, g	jive street add			d. STREET A		11 10	Har y Larke			IS RESII	
		ld State H	ospita	1		2720	Hugo	Ave.					NO T
3.	NAME OF DECEASED	Fin	st	Middle		Lost		4. DATE	Man	th	Day	Y	еаг
	(Type ar print)	Jea	nette	L.	- 1	Macauley	7	OF DEATH	1		11	11	960
5.	SEX	6. COLOR OR RACE		NEVER MARRIE	D B.	DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER 1			
	female	White	WIDOWED	DIVORCE		8/17/1	1888		71 yrs.	Months [Days F	laurs	Min.
10a	. USUAL OCCUPATIO	N (Give kind of work of	dane 10b. KII	ND OF BUSINESS O	R INDUST	RY 11. BIRTHPL	ACE (State of	ar fareign co	ountry)	12. CITIZ	ENOFW	HATCO	DUNTRY?
	HOUSEWIF	life, even if retired		AT HOME		BALT	IMOF	E MA	RYLAND	T I	ISA		
13.	FATHER'S NAME					14. MOTHER'S							
	MAR	NION LINDS	SAY				L	AURA	J. LEV	ERTON			
15.		IN U. S. ARMED FOR		CIAL SECURITY NO	. 17. INF	ORMANT			Add	ress			
(1.0	NO	r yes, give war or dates or s	NO	NE		Springf	ield F	lospit	al Recor	ds			
	18. CAUSE OF DEA	TH [Enter anly one ca	use per line	far (a), (b), and (c).							INTERV		
	PART I. DEAT	TH WAS CAUSED BY:	Act	te myeard	Tail	insuffic	ciency	r			ONSET	urs	
	420.1	DUE TO		100 my Mari	4	THE COLUMN	ATOMO)			- 10	-	our p	
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	lying cause last.	ne <u>under-</u>	Art	terioscler	otic	cardio-	-vasci	ılar d	isease		ye	ars	
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEA	ATH BUT N	OT RELATED TO	THE TERMII	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19.	WAS A	UTOPSY
MEDICAL CERTIFICATION											1	ES	NO
TIF	20a. ACCIDENT WA	S UNDERLYING	20b. DESCRI	IBE HOW INJURY O	CCURRED.	(Enter nature at	f injury in P	art I ar Pari	t II of item 18.)	III III SA			
CEF	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	11.3										
CAL	20c. TIME OF INJURY	Manth, Day, Yes	ar 20d. INJI	URY OCCURRED		E OF INJURY (ar tawn)	(Co	ounty)		(State)
WED	Haur a.m. p.m.	19	While at wark [Nat while at wark	racio	ary, street, affice	blag., etc.	1					
		t (I) (this haspital	1) attended	d the deceased	fram	1/11/6	10	, ta	1/11/60	10	that	(1) (in land
	saw the decease	111	11/60						the causes an				
	22a. SIGNATURE	ed diffe dil	11/20	, dild	indi de	dir decorrec	un ge	Wi,-II uiii	me causes an	u un me	udle si		DATE
8	· Class	whi d	200 C	ampo	M	D. PHYS.	ME DIE	D. RECTOR	STAFF PHYS.				SIGNED
	22c. PHYSICIAN'S	*		1000		22d. ADDRE							
	NAME (Tipe)	in del Camr	o. M.I	D. V		Syk	esvil:	le, Ma	ryland				
230	BURIAL, CREMATION	N, 23b. DATE THEREC		23c. NAME OF CEM	ETERY OR				TION (City, tawn,	ar caunty)		(State)
1	REMOVAL (Specify)	1/14/6		LOUDON	PAR	K CEME	TERY	BA	LTIMORE	MARY	LAN	-	113
24.	FUNERAL DIRECTOR'S	, , , , ,		ADDRESS				BY REGIST	TRAR 25b. REGI	STRAR'S SIG	NATURE		400
	H. SANDE	ER & SONS	INC.	BALTIMO	ORE !	MD.	DATAN	1 4 '60	Cluth	w1 8. th	aus.		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Poge 4	TO FUNERAL DIRECT: After this certificate has been signed by the ottending physician and completely filled in by the herol director.	۵	the registrar priar to burial, cremotian. or removal. and in any event within 72 hours ofter death.	-
1	S A15	5 (4)	0
	J //			

	0499	CERTIFICATE	OF DEATH	Reg	g. Dist. No.
	1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND 2. L	USUAL RESIDENCE (Where dece p. STATE Marylar		carroll
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Union Mills	17 days	c. CITY OR TOWN (If outside co	rporate limits, write RURAL lestminster	and give nearest town)
2	d. NAME OF HOSPITAL (If not in hospital, give street addres OR INSTITUTION Meadow V1ewCont Ho	ralescent /	d. STREET ADDRESS R. 4 Reese		e. IS RESIDENCE ON A FARM? YES NOTE
	(Type or print) BHANGHEL EV	Blanche WHA MAC	Lost 4. DAT OF DEA	TH JANUAR	Day Year 1960
	FEMALE WHITE WIDOWED N	DIVORCED A	or11 17,1869	last birthday) Mor	
		1 Home	Carroll Cou		CITIZEN OF WHAT COUNTRY?
	0.000 0 10 0 0	POWR		ine Tawney	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no, or unknown) (If yes, give wor or dotes of service)	L SECURITY NO. 17. INFOR	MANT L. Magee F	Address 4 Westmin	ster, Md.
	gave rise to immediate DUE TO	NGESTIVE	HEART F		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS I MONTH
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR				PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		10W INJURY OCCURRED. (En	iter nature of injury in Part I or	Part II of item 18.)	
			OF INJURY (Home, farm, 20f. (street, office bldg., etc.)	City or town)	(County) (State)
	21. I certify that I attended the deceased from alive on ANUARY 25, 1960 ACTUAL SIGNATURE William Jewn St.	om 5047 , and that death acc	curred at 9 35/4 M, fi		at I last saw the deceased on the date stated above. DATE SIGNED 26/60
/	PHYSICIAN'S WILLIAM LEWIS	STEWART	WESTMIN.	STER, MD.	
	Burial 1-29-60	NAME OF CEMETERY OF CRE		cation (City, town, or countymount,	nty) (State) Maryland
		ADDRESS Minster, Mar	240. REC'D BY REC		'S SIGNATURE

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	to the common of prof. M. a	Prop o bestido o o astr	The state of the s	es all trabuil	= (P Vine	
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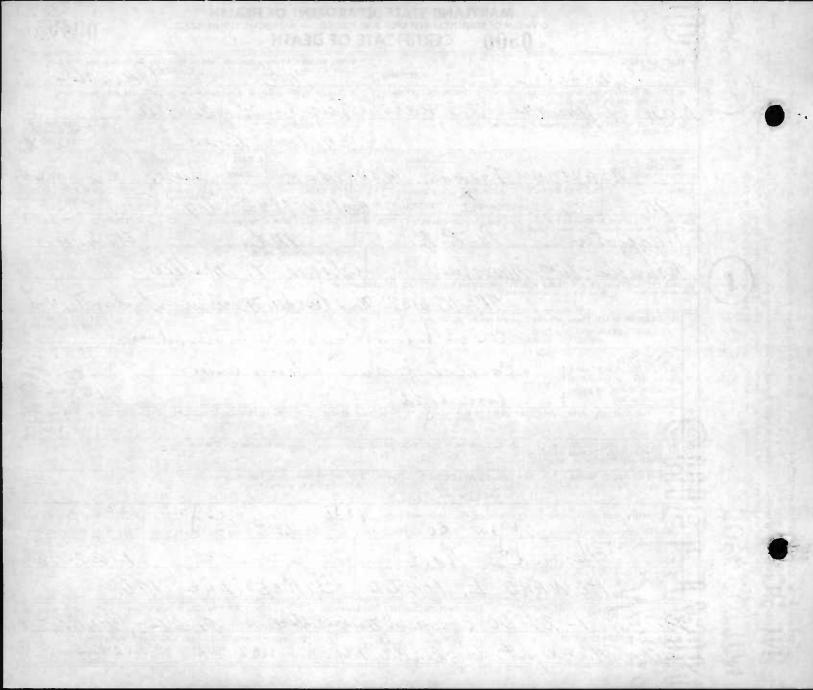
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or death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be rebained to the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayol, and in any eyeft, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 0500 CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odd b. COUNTY ARRALL MARYLAND	pission)
)	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest to RURAL and give nearest to RURAL and give nearest town) C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest to RURAL and give	awn)
	d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS or INSTITUTION e. JS or	RESIDENCE N A FARM?
	3. NAME OF First Middle Last 4. DATE OF DECEASED (Type or print) CLAYTON THOMAS MARRINER DEATH Jan, 26	Year 19 60
١	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED DOVARCE OF BIRTH Oct. 16, 1892 9. 66 (In years light birthday) Manths Days Have	
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY 12. CITIZEN OF WHAT COUNTY 12. CITIZEN OF WHAT COUNTY 13. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY 12. CITIZEN OF WHAT COUNTY 13. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY 13. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY 13. BIRTHPLACE (State or foreign country)	AT COUNTRY?
	Francis Wy Marriner Sarah P. Miller	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCÉS? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes, give wor or doles of service) 7/7-07-6/33 May Rockel Marriner - Augknowill	, mel.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerabral hypersology, Corang allowables,	L BETWEEN
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. DUE TO (b) Carllage facilities, afternoclusions (c) Carllage facilities (c) 26	57 Jan 60
)		AS AUTOPSY RFORMED?
į	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Manth, Day, Year Hour a. m. P. m. 19 20d. INJURY OCCURRED While Nat while at wark at wa	(State)
	21. 1 certify that (I) (this haspital) attended the deceased fram. 19 19 19 19 19 19 19 19 19 19 19 19 19	
	220. SIGNATURE HENDING MED. STAFF 1-27-	22b. DATE SIGNED
1	22c. PHYSICIAN'S HOWARD E. HALL SYRESVILLE, MD.	
	230. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) PRINCIPLE 1 24. FUNDERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	State)
1	Jather H. Haight Aykiseill, Md. DATE FEB 2 '60 aring & Kroun	



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	arroll		MARYLA		o. STATE Mary.		lived. If institution b. COUNTY		before odn	
b. CITY OR TOWN RURAL and give	(If autside carporate limi	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (If as	tside carpor	ate limits, write R	URAL and giv	re nearest to	(nwc
Sykesvi	lle		3yrs.5mos.	15da;	ys Baltin	more	3	V01-	4	
d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in haspital, g	give street	address)		d. STREET ADDRESS				e. IS F	RESIDENCE
	ield State				508 N. E	utaw S	st.		YES	□ NO 🛚
3. NAME OF DECEASED (Type or print)	Fii Mar		Middle alineXXXXXX	X Je	enkins ¹	4. DATE OF DEATH	Januar		Day 22,	Year 19 60
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years last birthday)	Manths D		
Female	White	WIDOW	/ED TO DIVORCED		February 1,1	883	76 yrs.	Manins D	Days Hau	ırs Min.
during most of we Seamstre	arking life, even if retired	dane 10b	. KIND OF BUSINESS OR	INDUSTR	Maryland	ir fareign co	untry)		S.A.	TCOUNTR
13. FATHER'S NAME					14. MOTHER'S MAIDEN N.	AME			U.Y.O	1,7150
August M	laselkowski			955	Pauline S	uwalsl	ci			
	VER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. INFC	RMANT		Add	ress		
No	(if yes, give war or dares or s	ervice)	-	Sp	ringfield Ho	spital	L Records	3		
1B. CAUSE OF D	EATH [Enter anly one co	use per l	ine far (a), (b), and (c).]						INTERVAL	BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c) (Cerebral acc	iden	t				Week	ND DEATH
Canditians, if gave rise to cause (a), statin lying cause las	any, which \(\) immediate \(\) DUE TO]	Pulmonary tu	benc	ulosis				Years	3
C.B.S.as	THER SIGNIFICANT CON	rebr	al arterioso	Iero	OT RELATED TO THE TERMIN sis with psy (Enter nature of injury in P	choti	reaction	'EN IN PART I	PER	AS AUTOPS REFORMED?
OR CONTRIBUTION	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)				(2300			
	URY Manth, Day, Ye	ar 20d. While	Nat while		E OF INJURY (Hame, farm, ry, street, affice bldg., etc.		ar tawn)	(Ca	ounty)	(Sta
saw the dece					gust 7, 19 oth accurred at 1:1					
220. SIGNATURE	etri ell	1 0	campo.	м.		D. RECTOR	STAFF PHYS.		1/	226. DATE /22/60
22c. PHYSICIAN'S NAME (Type	Agustin d	elCa	mpo, M.D.		Sykesvill	e, Md	Sprin	ngfiel	d Hosp	oital
23a. BURIAL, CREMAT	2 Jan 25	60	23c. NAME OF CEMET	ERY OR	CREMATORY	23d OCAT	ION (City, town,	ستعالم		State)
24. FUNERAL DIRECTO	OR'S SIGNATURE	200	ADDRESS 2	2024	DATEAN	2 6 '60		STRAR'S SIGN		

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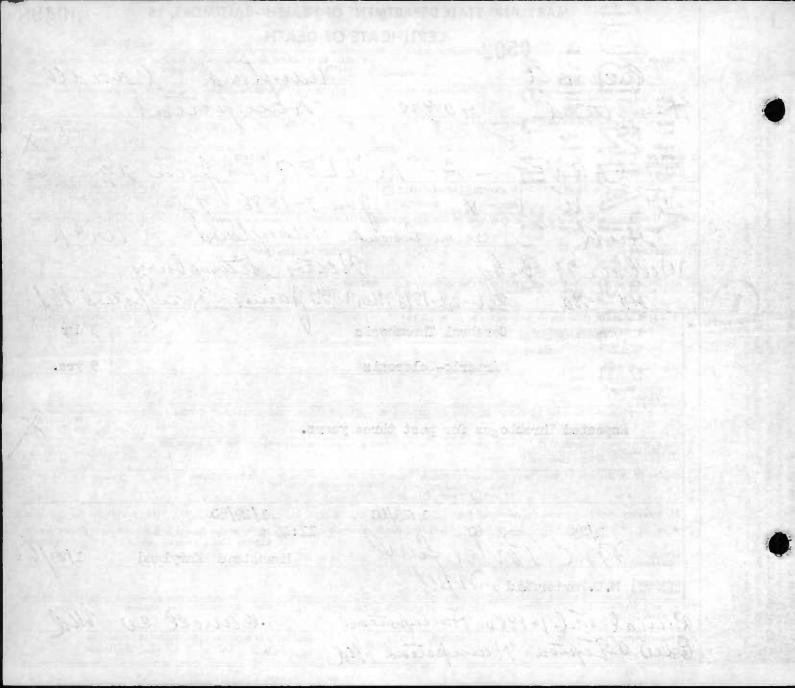
				1002	CERTIFICA	AIL OI I	PLAII			Reg. Dist. 1	No.	0.0
1 40	1.	PLACE OF DEATH				2. USUAL RESI	DENCE (Wh	ere deceased live		n: Residence b	efare odm	nissian)
	1	Carroll			MARYLAND	o. STATE	rland		b. COUNTY	Do Ithime	2000	
		. CITY OR TOWN	(If autside carporate lim	its, write c. LE	NGTH OF STAY IN 16	c. CITY OR		utside carporate li	mits, write RL	IRAL ond give	nearest to	own)
		Svkesvi		7	r. 4 mo.		timore		3V0	11-4		
			ITAL (If not in hospital,	give street oddres		d. STREET		7 - 1 - 1			e. IS R	RESIDENCE A FARM?
5			ield State	Hospital		4.500	O Harf	ord Rd.	Balto.	#14		□ NO ☑
	3.	NAME OF	Fi	-	Middle	lo		4. DATE	Mant	h	Day	Year
		(Type ar print)	ELIZABE	TH MAR	RION REPP	McEIRO	v	OF DEATH	7		1	1960
	5. :	EX		7. MARRIED	NEVER MARRIED	B. DATE OF BIRT		9. A	GE (In years	IF UNDER 1 YE	AR IF UN	
		female	white	WIDOWED [DIVORCED 🔲	8/2	3/72		birthday) yrs.	Manths Doy	ys Hour	rs Min.
	10a	. USUAL OCCUPAT	ION (Give kind of work	dane 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHP	LACE (State			12. CITIZEN	OF WHA	T COUNTRY?
	-	housewi:	rking life, even if retired	1)	-	Move	vland			TT	S.A.	
	13.	FATHER'S NAME	1.0			14. MOTHER'S		AME		Uas	Jadia_	
		T-1 D										
	15	John Re	ER IN U. S. ARMED FOR	PCESS IN SOCIA	AL SECURITY NO.	NEORMANT	zabeth	7	Addre	nce		
		, no, or unknown)	(If yes, give war or dates of		L SECONITI NO.							
	-	no			-	Springi	ieTa H	lospital	Record			
		The state of the s	ATH [Enter anly one co	ause per line far	(a), (b), and (c).]						NTERVAL INSET AN	BETWEEN ND DEATH
		PAKI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Brone	hopneumonia	left si	de				2 da	ys
1		491X	DUE TO									
		Canditions, if		Cardi	ac failure						2 da	ys
		gove rise to cause (a), stating										
		lying cause last		c)								
	NO.	PART II. OT	THER SIGNIFICANT CON	IDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE CO	NDITION GIVE	EN IN PART 1(1) 19. WA	S AUTOPSY
0	CATION	C.B.	S. assoc. W	ith seni	le brain di	sease W	ith ps	ychotic	reacti	on.		□ NO 🖺
	14.	20a. ACCIDENT W	YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)		HOW INJURY OCCURRE							
	CERTI	(IF EITHER, NOTIF	Y MEDICAL EXAMINER)	120								
=	3	20c. TIME OF INJU		ear 20d. INJURY	OCCURRED 20e. PL	ACE OF INJURY	(Hame, farm	, 20f. (City ar to	own)	(Caur	nty)	(Stote)
	MEDICAL	Haur a.m. p.m.	19	While at wark	Nat while ta	ctary, street, affic	te bldg., etc	.)				
	_		1 . 1			10	. 7	12/60	30			
			1 11		am. 12/30/59			71/00	, 19,1	that I last :	saw the	deceased
		alive an	1/1/60	, 19	, and that death	accurred at						ed abave.
		ACTUAL	7	1011	A. 6.			ADDRESS (Street,		state)		/= /c =
-		SIGNATURE	grisini	act (ampo	M.D. Syl	kesvil	le, Mary	land		1	11/60
1		PHYSICIAN'S	1									
16		NAME (Type)	Agustin d		MYD.							
	220	BURIAL, CREMATI	3 1		NAME OF CEMETERY			22d. LOCATION		r county)	(S	tate)
		bureal	1-4-00) 3	wartz (em	etery		Baltin	ore,	Md.		
	23.	FUNERAL DIRECTO	R'S SIGNATURE	-20F U	ADDRESS 1 R 1		24a. REC'	D BY REGISTRAR	24b. REGIS	TRAR'S SIGNA	TURE	
7 1		Leonard	J. NUCR 5	JUD Ma	rford Rd		DATE JA	N 4 '60	an	Thun S. H	raud	

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VS A15 (4) 15M 9/5B

0502 CERTIFIC	ATE OF DEATH Reg. Dist.	No.
1. PLACE OF DEATH a. COUNTY AUTOUR MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE COUNTY	uall
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and giv	re nearest tawn)
d. NAME OF MOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) GARNET - A Middle	12LER 4. DATE Month OF DEATH JULY 2	Day Year 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Jane 7-1886 last birthday) Manths D	YEAR IF UNDER 24 HRS lays Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired)	uf maryland l	OLB A
William H Ruby	Helter Steinsburg	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service) 26.6-22-1793	Wes Will Journ - Hampel	and Med
18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: Cerebral Thrombo	osis	INTERVAL BETWEEN
Canditians, if any, which gave rise to immediate cause (a), stating the <u>under:</u> DUE TO DUE TO	sis	5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Repeated Thromboses for past the		19. WAS AUTORSY PERFORMED YES NO
	RED. (Enter nature of injury in Part I ar Part II af item 18.)	, , ,
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while at wark at wark	PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	unty) (State
21. I certify that I attended the deceased fram. 1/25/6		
ACTUAL MC-(10/12 Lung	th occurred at 12:45 M, fram the causes and an the ADDRESS (Street, city or town, state) Hampstead Maryland	date stated above DATE SIGNE
PHYSICIAN'S M. C. Porterfield MANGE (Type)	M.D. ILLINGS SOCIAL TRANSPORT	-1-1/-
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY PEMOVAL (Specify) 11eb 1-1960 Hercepar		Wed (State)
23 MINERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS SIGNATURE HALLESTON	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN Orthur 8. 9	YATURE Traus



CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY HAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a, STATE b. COUNTY acros
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) LILLIAN DRAGE RURAL - 20 4/60	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Whom Bridge Rural
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) RAYMUND - L - Middle MIN	NICK 4. DATE January Month Day Year DEATH FILLY 15 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 3-29-1897 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Little Text** **Little Text**	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY. 20. S. A.
Julius Minniak	Mary Blocker
15. WAS DECEASED EVER IN D. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (If yes, give wor or dates of service) 13-12-9049 7	Mes Raymond Municip- Union Budge M
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	a - Liver Interval Briween ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (o), stating the <u>under-lying cause lost.</u> (b) DUE TO (c)	
CATI	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sqrt{NO} \) NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While at work at work 19 at work 19	ACE OF INJURY (Home, farm, clary, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from 10/1/3 alive on 1/14/40, 19, and that death ACTUAL SIGNATURE M.E. Robertson	7, 19, ta 1/5/60, 19, that I last saw the deceased a occurred at 840 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. Hew winds Med 1/15/60
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CORES	eek can canoll as - med
23 Pyneral Director's signature addréss addréss d'acceptate de	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JAN 1 8 '60 Crithur S. Kraus

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VS A15 (4) 15M 9/S8

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00=0
1	0505 CERTIFICATE OF DEATH Reg. Dist.	0 0
1	PLACE OF DEATH a. COUNTY Carroll MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE Dayy land b. COUNTY Carroll Dayy land	. /
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give RURAL and give nearest town) A A A A A A A A A A A A A A A A A A A	nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION - Road Waters Ville Road Waters Ville Road	e. IS RESIDENCE ON A FARM? YES NO
3	(Type or print) Delano Roosevelt Myers Jr DEATH January	Day Year 22 1960
	Male colored WIDOWED DIVORCED AL AUG3 AJQ O yrs. Shirthday) Months Do	Haurs Min.
	during most of working life, even if retired)	
	DETENIE 1100 SEDET 119813	S
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. INFORMANT (If yes, give war or dates of service) INFORMANT (If yes, give war or dates of service) MYS C12V3 MY+VS M+VS	Frey
	18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchia Preumonia	INTERVAL SETWEEN ONSET AND DEATH
	49/ X DUE TO Canditians, if any, which) (b)	
1	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)	
) ACITA		19. WAS AUTOPSY PERFORMED? YES NO
Toron	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
1401025	Haur a. m. While Nat while tactary, street, affice bldg., etc.) p. m. 19 at wark at wark ,	nty) (State)
	21. I certify that I attended the deceased from 1/2/ , 19 60, to 1/22 , 19 60 hat I last alive an 1/22 , 19 60 , and that death accurred at 3 2 MM, from the causes and an the deceased from 1/22	e. IS RESIDENCE ON A FARM? YES NO D Day Year 7 2 19 60 NDER 1 YEAR IF UNDER 24 HRS. NITHS Days Haurs Min. 2. CITIZEN OF WHAT COUNTRY? USA ON ES INTERVAL 8ETWEEN ONSET AND DEATH ONSET A
	ACTUAL SIGNATURE (U.S. Culcuell M.D. 900 So M2 in St	DATE SIGNED
1	PHYSICIAN'S NAME (TYPE) W.B, CUIWELL Mt. Airy Md	

22c. NAME OF CEMETERY OR CREMATORY

Damascus, Md.

Simpson Chapel

ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify)

/24/60

Poplar Springs, Md 24a. REC'D BY REGISTRAR

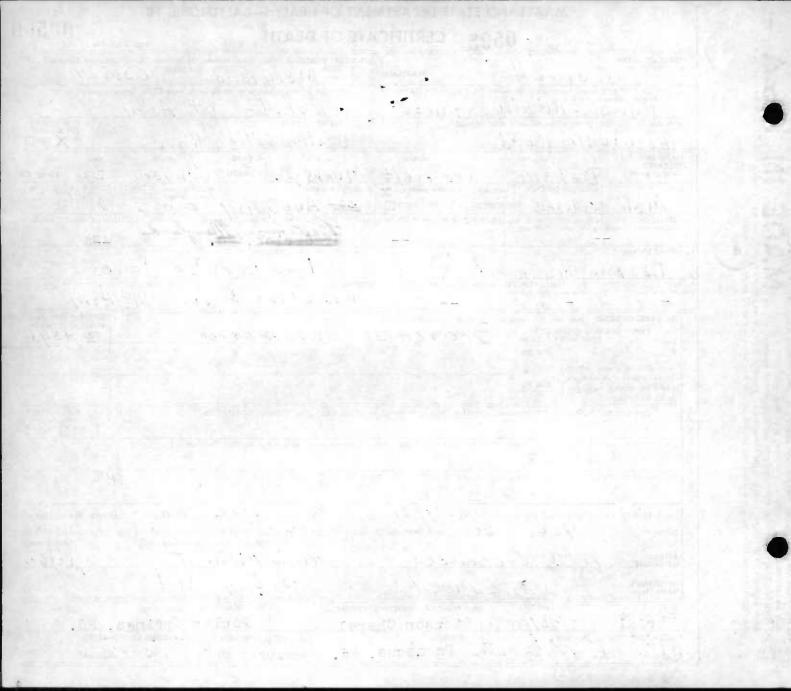
24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

DATE JAN 2 6 '60

arthur S. Hours

(State)



If any delay is necessory, please TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessare the certiffie, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral disease the should be formed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Elle pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any creek within 72 hours after death.

VS. A15ME 5M 2/57 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			11	3 1	5	14	
0	Dist	Na	0	U	U	U	J

	112636				Keg, Dist. N	0.
PLACE OF DEATH	300			Where deceased lived. If in	stitution: Residence be	efore admission)
o. COUNTY Carr	oll	MARYLAND	o. STATE Mary	Land 6. CO	Carroll	
	outside corporate fimits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give	nearest town)
Rural Wes	tminster	Life	X Rural	Westminster		
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS			ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Norman	Middle Theodore	Myers	4. DATE NO OF DEATH Janu	ary 25	Yeor 1960
s. sex Male		RRIED WEVER MARRIED S	November 21.	9. AGE (In year logs birthday) 68	Months Days	Hours Min.
100. USUAL OCCUPATION	ON (Give kind of work done 10	b. KIND OF BUSINESS OR INDUST				OF WHAT COUNTRY
Postal Wor	ng life, even if retired)	U.S. Government	Marvla	nd	II.S	.A.
13. FATHER'S NAME	REI	O.D. GOVETIMENTO	14. MOTHER'S MAIDEN			
Th	eodore J. Myer	S	Ma	ttie Koontz		
	ER IN U. S. ARMED FORCES?		NFORMANT	Add	ress	
No	(It yes, give wor or dates of service)	215-36-8328 Mr	s. Norman T	. Myers, Rout	e #7, Westm	inster,Md
and the second second	diote couse	Cypertenia Clero	y The sin & Co	roulery	· ON	munto
2	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I			GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY OF COL	JSE WAS NTRIBUTING [] 20b. DESC	RIBE HOW INJURY OCCURRED. (E	inter nature of injury in Po	ort I ar Part II of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	W		CE OF INJURY (Home, for ory, street, office bldg., et		(County)	(Slate)
		perine remains described about the causes . Accident .	Suicide ,	Homicide, Und	M. Inquiry [
270. BURIAL, CREMATIC REMOVAL (Specify Burial	Jan. 28,196	22c. NAME OF CEMETERY OR		22d. LOCATION (City. 10		(State)
23. FUNERLY DIRECTOR	es signature nest	ADDRESS	240. REC	D BY REGISTRAR 24b.	EGISTRAR'S SIGNATU	JRE
CoO. Fuss	& Son, Tanevto	own. Md.	DATEJ	AN 27'60	COUNTY 20, 1 4000	7

The place to be althought of the place that the transfer the second some seet that the place the place that the place the place that the plac THE PROPERTY OF STREET STREET,

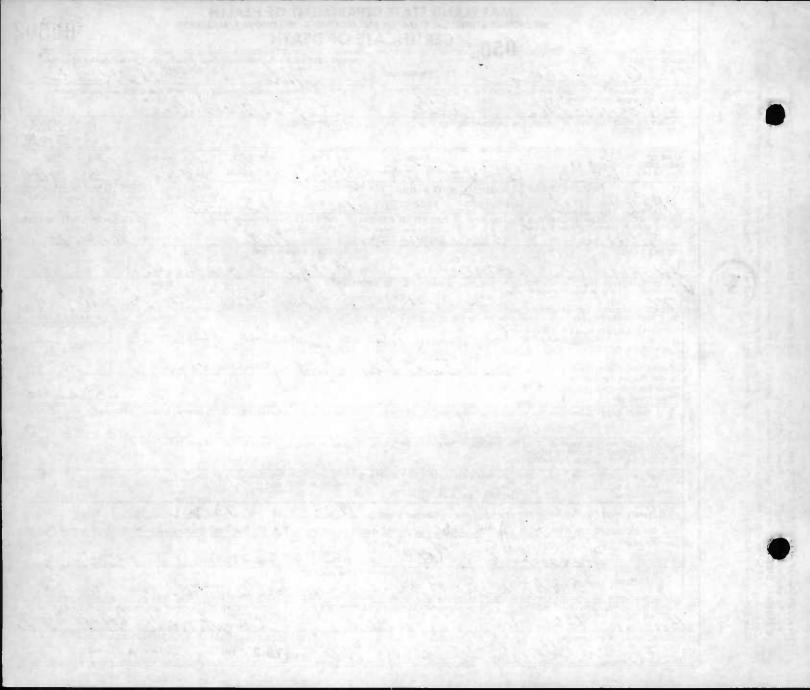
VR A15 (4) 15M 9/59

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MARYL	AND STATE DEPARTMENT OF HEALTH
DIVISION OF STATIS	STICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
DEAM	CERTIFICATE OF DEATH

1)	11	5	61	5
U	U	U	3	6

	11377	
1. F	LACE OF DEATH COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
k	CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town)
	NAME OF AOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET-ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	NAME OF PECEASED TYPE OF PRINTS FIRST SYLVESTER	NORRIS 4. DATE Month Doy Year DEATH Jane 23 1960
S. S	Male Col, WIDOWED DIVORCED	8. DATE OF BIRTH ALC. 19 1913 9/AGE (In years last birthday) 56 yrs. 1F UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
	USUAL OCCUPATION (Give kind of work dane lob. KIND OF 8USINESS OR INDU during from of working life) even if retired)	STRY 11. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	James O. Morris	Elisa Combash
Ch	NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II 220-03-2157	Mrs mabel nouis - Algebraille, my.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	interval setween onset and Death
	581.0 DUE TO Conditions, if ony, which) (b) Meilritain le	anched aneuromin - 1958
	gave rise to immediate couse (a), stating the <u>under-lying couse lost.</u> (c)	23 Jun 60
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(# 19. WAS AUTOPSY PERFORMED? YES NO
4 1	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II af item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while of work of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 2 3 2 4 1960, and that	death accurred at $3PM$, from the causes and an the date stated above.
	220. SIGNATURE HELVERL'S Hall'	M.D. PHYS. MED. STAFF 1-25-61
	22c. PHYSICIAN'S HOWARD E. HALL	Lydisville, md
230	8URIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL (Specify) 1-26-60 Stands	23d. LOCATION (Gity, town, or county) (State)
24.	THERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS WILLIAM THE THERE ADDRESS WILLIAM THE ADDR	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE CITCHIAN & Thomas



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

OUEDS

			CE	RTIFICA	TE OF DI	EATH			()	0000
1. PLACE OF DEATH		U50	3	Telefas	2. USUAL RESID	DENCE (Where dece	eased lived. If institu		before ad	Imission)
	rroll			MARYLAND	O. SIAIL	Maryland	b. COUN	Bal	to.C:	ity
b. CITY OR TOWN RURAL and give	(If outside carporate lim	ts, write	c. LENGTH	OF STAY IN 16	c. CITY OR T	OWN (If outside co	orporote limits, write	RURAL ond gi	ve nearest	town)
	esville		38yrs	.6mos.17	days	Baltimor	e		310	114
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, s	ive street	oddress)		d. STREET A	DDRESS				RESIDENCE
	ingfield Sta	ate H	ospita	1		913 Arlin	gton Ave.			S NO K
3. NAME OF DECEASED (Type or print)	Annie	st	Α.	Middle Youse	Peters	OF	te M	onth Lary	Doy 15.	Yeor 19 60
S. SEX	6. COLOR OR RACE		IED NEVE		B. DATE OF BIRTH	1	9. AGE (In yeo	rs IF UNDER 1	YEAR IF U	INDER 24 HRS.
Female	White	WIDOWE		DIVORCED	1880		79 y	Months D	Days Ho	urs Min.
10a. USUAL OCCUPAT	TION (Give kind of work arking life, even if retired	dane 10b.	KIND OF BU	SINESS OR INDU			gn country)			AT COUNTRY?
Dressma	ker		-			yland		U.	S.A.	
13. FATHER'S NAME						MAIDEN NAME				
William	E. Youse				Marg	aret Lock	cland			
15. WAS DECEASED EN	VER IN U. S. ARMED FOR		SOCIAL SECU	JRITY NO. 17.	NFORMANT			ddress		
No	-		-		Springfi	eld Hospi	tal Recor	'ds		
18. CAUSE OF D	EATH [Enter anly one co	use per lin	ne far (a), (b)	, and (c).]	STITE HIGH				INTERVA	L BETWEEN
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Co	ronary	occlusi	ion				Hou	
002	DUE TO							175.891		
Conditions, if	ony, which	. Pu	lmonar	y tubero	culosis				Yea	rs
gove rise to	immediate Dus To	1								
lying couse los	g the under-	0.	nerali	zed arte	rioscler	ôsis			Yea:	rs.
PART II. O Manic d Manic d 20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CON epressive r	/					EASE CONDITION (GIVEN IN PART	1(o) 19. W	
20a. ACCIDENT V OR CONTRIBUTION	WAS UNDERLYING AG CAUSE OF DEATH	20b. DESC	CRIBE HOW I	NJURY OCCURRI	ED. (Enter noture of	f injury in Port I or	Port II of item 1B.)			
20c. TIME OF INJU	URY Month, Day, Ye	or 20d. It While of warl	NJURY OCCU	ile fo	LACE OF INJURY (I	Home, form, 20f.	(City or tawn)	(Co	ounty)	(Stote)
21. I certify th	hat (I) (this haspita) attend	led the de	ceased fram.	March 7,			15, 19 60), that ((+) (we) last
saw the dece	ased alive an Ja	ing r y		ond that	death accurred	d of U: TWE IT	am the causes	and an the	date sta	22b. DATE
Clan	etni de	0	amp	20	M.D. ATTENDING	G MED.	STAFF PHYS.		1	/15/60
22c. PHYSICIAN'S NAME (Type)	Agustin	delCa	mpo, M	I.D.	22d. ADDRE	Springf:	ield Hosp	ital, S	ykesv	ille,Md
23a. BURIAL, CREMAT REMOVAL (Specif		60	23c. NAME	OF CEMETERY O	OR CREMATORY	23d. LC	BALTIMO	RE, N	10.	(Stote)
24. FUNERAL DIRECTO	R'S SIGNATURE		ADDRE	ss		25a. REC'D BY RE	GISTRAR 25b. RE	GISTRAR'S SIG	NATURE	

may be retained VR A15 (4) 1SM 9/S9

e haspital or attending physician.

Brefige L. Fr T-200 - 0.75-1 ations of the second second second second Tell constitution of the second artists of the second The second of th Marie of the same . The state of the The state of the s , and the second of the second Busines of the Marine and was a Commence of the N. N.

VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIEIC ATE OF DEATH

	0	500	CERTIFIC	AIL	. OI DEAI	11		Reg. D	ist. No		
1. PLACE OF DEATH	011	000	MARYLAND	1 0	STATE Mary	Where decease rland	b. COUNTY				
b. CITY OR TOWN (I RURAL ond give no Sykesville	If outside corporate limit earest town)	s, write	c. LENGTH OF STAY IN 18		Frederic	_	orate limits, write R	URAL ond	-	arest town	a)
d. NAME OF HOSPIT	TAL (If not in hospitol, g Ld State Hos	opita	oddress)		d. STREET ADDRESS Rt.7 (S)	nooksto	own)				FARM?
3. NAME OF DECEASED (Type or print)	Albei		Rudolph		Phelps	4. DATE OF DEATH	Mon 1	ith	00		Year 1960
s. sex Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	B. DA	TE OF BIRTH 8-16-81		9. AGE (In years 78 birthdoy) yrs.	Months	Doys	Hours	Min.
Oa. USUAL OCCUPATION during most of work Farmer	ON (Give kind of work of king life, even if retired)	lone 10b.	Guesture	DUSTRY	11. BIRTHPLACE (Sto Maryland		country)		S.A.		OUNTRY
3. FATHER'S NAME JO		S			MOTHER'S MAIDEN		enter				
	R IN U. S. ARMED FOR (If yes, give wor or dates of se	rvice)	901200300. UMK	Ho	mant spital red	cords	Add	ress			3.71
	ATH [Enter only one con ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c)	Ar	terioscleroti	ic he	eart disea	se	11.4	hal	ON	ERVAL BE SET AND CATS	TWEEN
Conditions, if o gove rise to i couse (o), stoting lying couse lost,	DUE TO my, which mmediate the under-	Ge	meralized art	erio	osclerosis				ye	ars	
-	HER SENTECON WITH	NTIONS C	ONTRIBUTING TO DEATH B	Seas	RELATED TO THE TER	MINAL DISEA YChot1	SE CONDITION GIVE	VEN IN PA	RT 1(o) 1	9. WAS PERFO YES	AUTOPSY DRMED?
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (En	iter noture of injury i	n Port I or Po	rt II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Yeo	20d. It While of work	Not while	PLACE C foctory,	OF INJURY (Home, fo street, office bldg., e	orm, 20f. (Cit	y or town)		(County)		(Stote
21. I certify the alive on 1-		deceas , 19 t	ed from 12-16- 0 , and that dec	,	, 1959 , to curred at 10.30 Sykesville	ADDRESS (the couses or		ast sav	stated	d obove
PHYSICIAN'S NAME (Type)	Agustin del	Camp	oo M.D.		Springfie:	ld Stat	te Hospit	al.			
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	Jan.5,19		Mount Olive				ITION (City, town, lerick,	Or county)		aryl	
23. FUNERAL DIRECTOR M. R. Etc		n, Fr	ADDRESS ederick, Mary		24a. RE	JAN 5	TRAR 24b. REGI	STRAR'S S			

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240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

ADDRESS

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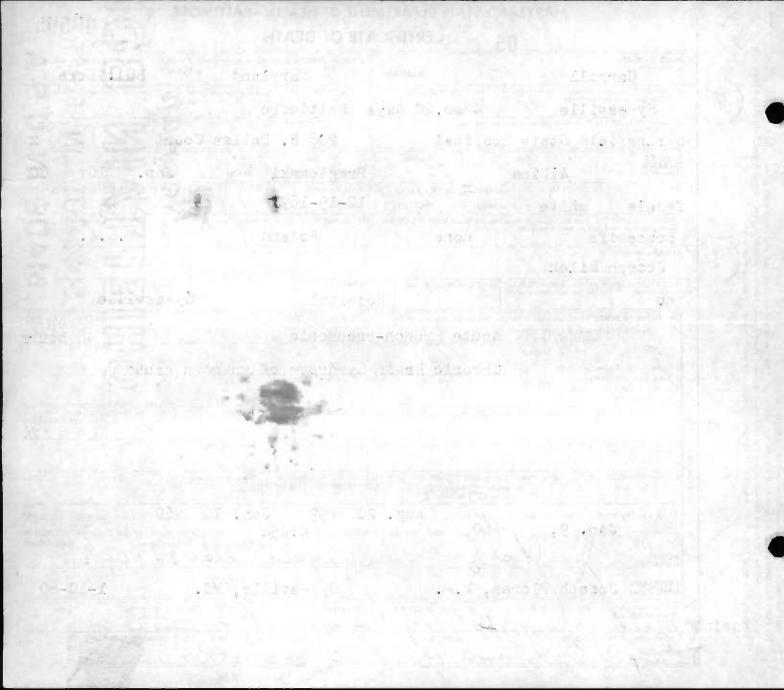
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23. FUNERAL DIRECTOR'S SIGNATURE

remave

please 2

death



	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No.
M)	o. COUNTY COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE COUNTY b. COUNTY MARYLAND
0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) ALLICATION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
×	NAME OF First Middle Lost 4. DATE Month Day Year OF
	6. CÓLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED JULI 26-1960 9. AGE In years lost birthday) WIDOWED DIVORCED JULI 26-1960 9. AGE In years lost birthday) Wronths Days Haurs Min.
1	10a. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Warring most of working life, even if retired) 12. CITIZEN OF WHAT COUNTR WEA
	13. FATHER'S NAME OLUL R Practices 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
	(It yes, give wor or doins of service) WO Suil R Pruttey, Humphology Interval Between Household Interval Betwee
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ATALECTASIS 762.0 DUE TO
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. (c) (c)
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
10000	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION CONTRIBUT
	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED While of work of work 19 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find the death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
Ó	ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DE 1/26/60 EXAMINER'S AMES MARS H DEPUTY MEDICAL EXAMINER DE 1/26/60
oi.	PAME (Type) The standard of
1	3. FUNERAL DIRECTOR'S SIGNATURE HELLICIPATE OF DATE 240. REGISTRAR'S SIGNATURE DATE
1	5000 3 (5 X V V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	0	512	CERTIFIC	ATE OF DI	ATH			Reg. D	ist. No			
1. PLACE OF DEATH o. COUNTY	Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Carroll									
b. CITY OR TOWN (If outside corporate lim	its, write c. LENG	TH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)								
RURAL ond give n	Westminste	r	Life	X Rural Westminster								
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s			d. STREET ADD	oress ite#	7					FARM?	
3. NAME OF	Fi	rst	Middle	Last		4. DATE	Mon	th	Do	у	Year	
(Type or print) Emma			I.		ider	r DEATH January				13 19 60		
5. SEX	6. COLOR OR RACE	7. MARRIED X N	EVER MARRIED	B. DATE OF BIRTH	1	878	AGE (In years			IF UND	ER 24 HRS	
Female	White	WIDOWED [DIVORCED	December	and A	887	lost birthdoy) 81 yrs.	Months	Doys	Hours	Min.	
IOa. USUAL OCCUPATIO	ON (Give kind of work	done 10b. KIND OF	BUSINESS OR INC	OUSTRY 11. BIRTHPLAC	E (Stote o	or foreign co	untry)	12. CI	TIZENO	F WHAT	OUNTRY	
House	king life, even if retired		Home	Mar	vlan	d			U.S.	Α.		
3. FATHER'S NAME	7110	1 01111	1101110	14. MOTHER'S M					0,00			
Temos	F. Yinglin	ď		E7	izeh	eth Wa	1tmen					
5. WAS DECEASED EVE			ECURITY NO.	INFORMANT	Laau	COII NE	Add	ress	-		_	
Yes, no, or unknown)	(If yes, give war or dates of s	service)			D D	-161	J	- do	-+	1/12	3 5 1	
No l		None		Ir. Claude	D. R	elisni	der, we	CHILL				
	ATH [Enter only one co	ouse per line for (o),	(b), and (c).	111		1			ON	ERVAL BE	DEATH	
PART I. DEA	ATH WAS CAUSED BY:	a Comme	erekr	at Klem	as	hole a	18		-	3 400	1)	
11.1			,			A					-	
44	2 X DUE TO	11	-		1 -	1 %	- 1	_ /	,			
Conditions, if a	inv. which)	Myo	enless	11 AM C-	ari	Rus	Schla	SMI	10	~	64	
gove rise to i	mmediate		1	1				40.0	-		2700	
couse (o), stoting		0%	10	11. 0	10.	100	- 0				/	
lying couse lost.) (0) ai	eu 1	Klube.	all	ace	RO					
PART II. OTI	HER SIGNIFICANT CON	IDITIONS CONTRIBU	TING TO DEATH B	UT NOT RELATED TO T	HE TERMIT	VAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o)	PERFO	AUTOPSY ORMED?	
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter noture of i	njury in P	ort I or Port	11 of item 1B.)			-0,		
20c. TIME OF INJUI Hour o. m.	RY Month, Doy, Ye	or 20d. INJURY OC	CURRED 20e.	PLACE OF INJURY (Ho	me, form,	20f. (City	or town)		(County)		(Stote)	
Hour o.m.	19	While Not of work of w	WILLIE	foctory, street, office b	ldg., etc.							
			-11	1 ~	1		5 61					
21. I certify	at I ottended the	deceosed from		6 1939,	4	_	19.60					
olive on	au 13	, 1960	and that deo	th occurred at 7	05P	M, from t	he couses on	d on th	e dote	stated	dobove	
1//	00	1	2	0 11			let, city, or town,				E SIGNE	
ACTUAL SIGNATURE	wy le	1.6 1	nois	60A/ W	10	1 to	- whist	en	-her	111	14/	
SIGNATURE	1.000			CH. 0 60		y un	anne	-1	1/20	1-/-	-11-6	
PHYSICIAN'S NAME (Type)			, Westmi	nster, Mar	ylan	d						
220. BURIAL, CREMATIC		OF 22c. NA	ME OF CEMETERY	OR CREMATORY		22d. LOCATI	ON (City, town,	or county)		(Sto	ie)	
REMOVAL (Specify) Burial	Jan. 16	.1960 Me	adow Bra	nch Cemete:	ry	Westr	minster,	Mary	lan	đ		
23. FUNERAL DIRECTOR	'S SIGNATURE 1	ADD	DRESS			BY REGISTR						
G.O. Frier	& Son . Tai	nevtown, M	See [una]		ATE	AM 4 0	00	7 -1	04			
russ	goodi , 181	TEA COMIT IN	TOT ATTEND	L	MIL	AN 18	DU	Irthur	A. 12	MMA		

eral directar, TO HOSPITAL OR ATTENDING PHYSICIANS The function of the control of the complete of tilled in by the control of the control of

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00508 Rea. Dist. No.

IS RESIDENCE

ON A FARM? YES NO TO

Year

19

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES TI NO TI

> > (State)

DATE SIGNED

(Stote)

Days

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VS A1S (4) 15M 9/5S M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0465 CERTIFICATE OF DEATH

00509

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE O. STATE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (f) outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 8 - 13	d. STREET ADDRESS ON A FARM? YES NO 174
3. NAME OF DECEASED (Type or print) MAGGIE ESTELLE K	Lost 4. DATE Month Day Year OF DEATH JAN. 20 1960
Lemale White WIDOWED DIVORCED	8. DATE OF BIRTH P. AGE (In yeors lost birthdoy) P. AGE (In yeors lost birthdoy) Months Days Hours Min.
196. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF I	Canoll Co. ned. U.S.a.
John Ti Hleson	Mary Harrier
Yes, no. or unknown) . Iff was give way or deter of services	EARL RINEHART, Westpasseste med
Conditions, if ony, which gove rise to immediate (b)	SEASE INTERVAL SETWEEN ONSET AND DEATH IN EARS.
lying couse lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
ACTUAL () 1 4/1 ()	occurred at 9 P. M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 1-21-62
PHYSICIAN'S JAMES TMARSH	WESTMINISTER MD
220. BURIAL, CREMATION, 22h. DATE THEREOF 22c. NAME OF CEMETERY OF CREMETERY OF CREMETERS OF CRE	of Cemetery New Winden and R.D.
23. FUNERAL DIRECTOR'S SIGNATURE ABORESS ABORESS ABORESS ABORESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ONTHAN 8. Thank

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MARYLAND STATE DEPARTMENT OF HEALTH

D RECORDS — BALTIMORE	1, MARYLAND () () 5.1
E OF DEATH	000-

(State)

M	1. PLACE OF DEATH o. COUNTY Carrol		MARYLAND	2. USUAL RESIDENCE (WI o. STATE	b. COUNT	tion: Residence before admission) Balto.City
	b. CITY OR TOWN (If outside a RURAL and give nearest tow Sykesville		c. LENGTH OF STAY IN 16 2yrs.8mos.15		more 14	RURAL and give nearest town)
015	d. NAME OF HOSPITAL (IF not OR INSTITUTION Springfield Sta			d. STREET ADDRESS	nfield Ave.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First Mary	Elizabeth Dunn	Roberts	4. DATE MO OF DEATH Janua	ry 24, 1960
		• 1	MARRIED NEVER MARRIED DIVORCED DIVORCED	October 16,	1872 9. AGE (In years last birthday) 87 yrs	Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give dyring most of warking life, en OUSE Reeper	kind af work dor ven if retired)	10b. KIND OF BUSINESS OR INDU	South Ca		12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME James Dunn			14. MOTHER'S MAIDEN I		
1	18. WAS DECEASED EVER IN U. S Yes no. or unknown) (If yes, give	ARMED FORCE war ar dales of servi	e)	FORMANT Springfield H	ospital Record	dress
	PART I, DEATH WAS		per line for (a), (b), ond (c).] Pericardial tamp	on ade		INTERVAL BETWEEN ONSET AND DEATH

			T C C C C C C C C C C C C C C C C C C C	
	18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAL		per line for (a), (b), ond (c).] Pericardial tamponade	INTERVAL BETWEEN ONSET AND DEATH
	420.1 Conditions, if ony, which)	DUE TO	Rupture of left descending coronary artery	24 hrs.
	gave rise to immediate couse (a), stating the under-lying couse last.	DUE TO	Recent myocardial infarction	3 days.
CALION	C.B.S. assoc.wi	th cer	rions contributing to death but not related to the terminal disease condition given in Prebrat arteriosclerosis without qualifying phrase	PERFORMED? YES NO

200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) While o. m. Not while at work of work p. m.

21. I certify that (1) (this haspital) attended the deceased fram May 9. 19 57, to January 24 1960, that (1) (we) last saw the deceased alive an January 249 60 and that death accurred al 2:30 Plom the causes and an the date stated above. 220. SIGNATURE

STAFF PHYS. DIRECTOR [22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS Agustin delCampo. Springfield Hospital, Sykesville, Md.

BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) BEMOVAL (Specify) 24, FUNERAL DIRECTOR'S SIGNATURE DATE JAN 26 '60 arthur S. Kraus

After this certificate has been signed by TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit, the State Board of Health priar ta burial, cremation, ar remaval, haspital or attending physician.

IDING PHYSICIAN: The law requires that the death certificate be executed within

VR A15 (4) 15M 9/59

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00511

may be retained. The hospital or attending physician.

Defuneral DIRC Attention certificate has been signed by the attending physician and campletely filled in by interestanting page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after degit. may be retained TO FUNERAL DIRE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

L			UUL:	CERTIFICA	AIE OF DEA	4111		Reg. Dist. 1	No.
1	. PLACE OF DEATH o. COUNTY	CARROL		MARYLAND	2. USUAL RESIDENCE O. STATE	(Where deceased	d lived. If institutio b. COUNTY	10	efore admission) PROLL
	b. CITY OR TOWN RURAL ond give		its, write c	LENGTH OF STAY IN 16	c. CITY OR TOWN	1	BORO	JRAL and give	nearest lown)
	d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, of	give street od	dress)	d. STREET ADDRI	ESS			o. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)		nst VN/E	WARNER	RUPP		JAN	, 22	Doy Yeor L 1960
5	FEMILE	6. COLOR OR RACE	7. MARRIEI WIDOWED		B. DATE OF BIRTH OCT. 18	,1881	9. AGE (In years lost birthday) 78 yrs.	Months Day	AR IF UNDER 24 HRS. ys Hours Min.
	HOUSE K	orking life, even if retired	4)	NO OF BUSINESS OR INDU		0	ountry)	12. CITIZEN	U.S.
1	3. FATHER'S NAME	VRY F.	WAR	YER	14. MOTHER'S MAI	DEN NAME	MILLE	e P	
	5. WAS DECEASED EN	/ER IN U. S. ARMED FOI (If yes, give wor or doles of		7-18-1388	WM. J.	L. Ruf	P LIN	" Vebori	o, Mo.
	The Park Control of the Control of t	EATH [Enter only one of EATH WAS CAUSED BY: IMMEDIATE CAUSE (ll C	NTERVAL BETWEEN
	260 X Conditions, if	DUE TO		al Arteriscle	erosis				3-4 years
	gave rise to couse (a), stating lying couse lost	g the <u>under-</u> DUE TO	,	tes Mellitus					8 – 10 year
100	PART II. O 200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CON	NDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIVE	EN IN PART I(o	19. WAS AUTOPSY PERFORMED? YES NO-
		YAS UNDERLYING DIG CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DESCR	BE HOW INJURY OCCURRE	D. (Enter noture of inju	ory in Port 1 or Por	t II of item 18.)		
10000	20c. TIME OF INJU	. 10	While of work [_ Not while _ for	ACE OF INJURY (Home ctory, street, office bld	e, form, 20f. (City g., etc.)	or town)	(Coun	ty) (Slote)
		that I attended the	deceased , 1960	fromJuly, and that death	occurred at 3:		17	nd on the	saw the deceased
	ACTUAL SIGNATURE	n.c.	arti	rfield	M.D	tru	tead, Md.	mi	1-236
	PHYSICIAN'S NAME (Type)	M.C.Porter				÷			1-23-6
	BURIAL CREMAT	" JAN. 25		22c. NAME OF CEMETERY O			TION (City, town, o		(Stole)
2	3. FUNERAL DIRECTO	CESIGNATURE - 9	SON	Hen Rock .	OG , DA	REC'D BY REGIST		TRAR'S SIGNA	

	TE OF DEATH	OSIE CERTIFICA	
		engines	
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	or and seeing and other collections.	The state of the s	THE RESTRICT
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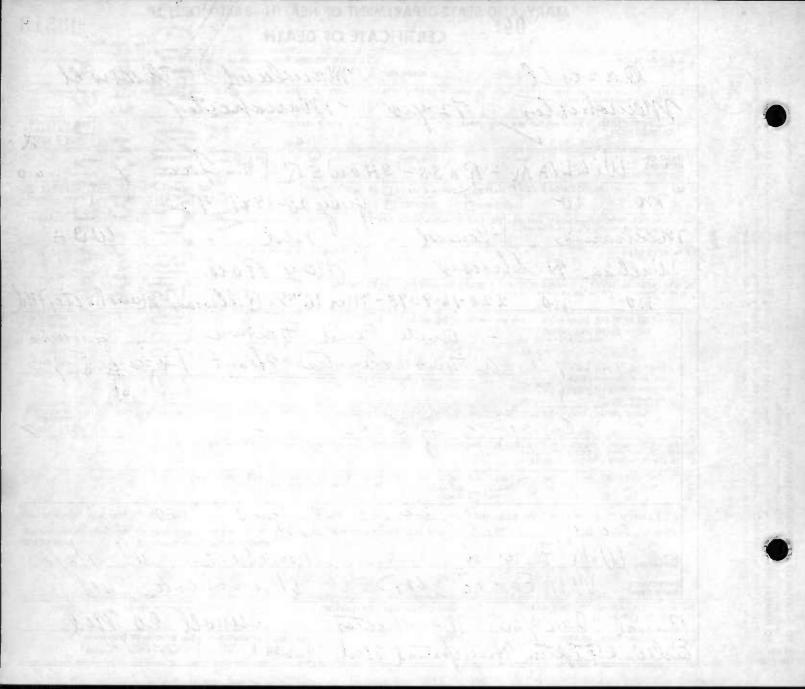
VS A15 (4) 15M 9/S8

1. PLACE OF DEATH			II a STATE	here deceosed lived. If instituti b. COUNTY	ian: Residence before admissian)				
	arroll	MARYLAND	Mary	rland	Balto City				
b. CITY OR TOWN	N (If outside corporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporate limits, write R	RURAL and give nearest tawn)				
Sykesvil	_	3mos.27days	Baltimo	re 24 3	3 VO1-4				
	PITAL (If not in hospital, give s	treet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	eld State Hosp	oital	3227 Fa	it Ave .	YES NO TO				
3. NAME OF DECEASED (Type or print)	Joseph Joseph	Middle Frank	Rychwalski	4. DATE Mor	1 1-				
s. sex	7 23 4 4	MARRIED NEVER MARRIED	8. DATE OF BIRTH February 13	- lost hirthday					
		10b. KIND OF BUSINESS OR INC		- 4/	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	ALC: NO THE		14. MOTHER'S MAIDEN	NAME					
Stanisla	us Rychwalski		Barbara Pi	etrowiez					
IS. WAS DECEASED	VER IN U. S. ARMED FORCEST		INFORMANT	Add	fress				
(Yes, no, or unknown)	(If yes, give war or dates of service		Springfield Ho	spital Records	5				
Conditions, is gave rise to cause (a), stati	f ony, which immediate ong the under-st. (b) DUE TO	Generalized arte	eriosclerosis	INAL DISEASE COMPITION CIT	Years Years Years Years				
C.B.S.	assoc.with trai	ma.	OT NOT KEDATED TO THE TERM	MAR DISEASE CONDITION OF	PERFORMED? YES NO				
	WAS UNDERLYING AND 206 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture af injury in	Port I or Port II of item 18.)					
Hour a. 1	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.) of work at wore work at								
		19 60, and that dea	th accurred at 2:10/						
220. BURIAL, CREMA BUTTAL (Spec	Jan. 9, 196	22c. NAME OF CEMETERY 50 St. Stanisla		22d. LOCATION (City, town, Dundalk Ave.	or county) (State)				
John J. Di	or's signature 1da 2829 Hudson	ADDRESS n St. 24, Md.		IAN 7 100	ISTRAR'S SIGNATURE				

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MARYLAND STATE	DEPARTMENT	OF HEALTH-	BALTIMORE, 18
MARYLAND STATE	CEDTIEIC ATE	OF DEATH	

	CERTIFICATE	DEATH	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Duriall	MARYLAND 2. USUA	RESIDENCE (Where deceased liver	d. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neores) fown)	T2 441	Y OR TOWN (If outside corporate I	limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddres OR INSTITUTION	s) / d. ST	REET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) WILLIA M - P	oss-shou	Last OF DEATH	Lace / Day Year 1960
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED B. DATE O	F BIRTH 9. A. 1987	GE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. set birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. B	INTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME William H Show	14. MO	THER'S MAIDEN NAME MOY RIMA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (If yes, give wor or dates of service) 2.2 6 mm	AL SECURITY NO. INFORMAN	Whay RAly	Address Mancheste Mi
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under: lying couse lost. (c)	(o), (b), and (c).] acute Rena terrascleus	e Frailwe tu Heart	Direase 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH, BUT NOT RELA	TED TO THETERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter n	ature of injury in Port I or Port II o	f item 18.)
		IJURY (Home, form, t, office bldg., etc.)	own) (County) (State
21. I certify that I attended the deceased fralive an Rec 3 (1959 ACTUAL SIGNATURE W/ Hoard PHYSICIAN'S NAME (Type)	am Roc , 19 , and that death accurred M.D	ed at 6 A M, fram the	causes and an the date stated above city or town, stote) DATE SIGNED A 1/2/60
PRIMOVAL (Specify) July 3/60	NAME OF CEMETERY OR CREMAT	ORY 22d LOCATION	(City, town, or county) (State)
23 FUNERAL DIRECTOR'S SIGNATURE Edel Stipton Hace	ADDRESS upsteed Mid	24a. REC'D BY REGISTRAR DATEJAN 4 '60	206. REGISTRAR'S SIGNATURE arthur S. France



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0517 **CERTIFICATE OF**

DEATH	Reg. Dist. No.

	007				Keg. D	ist. No.
1. PLACE OF DEATH a. COUNTY		MARYLAND	2. USUAL RESIDENCE (WH	. h. (institution: Resider	nce before admission)
Carrol.			Mary]	Land	C	ity /
 b. CITY OR TOWN (If autside cor RURAL and give nearest tawn) 		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		, write RURAL and	give nearest tawn)
d. NAME OF HOSPITAL (If not in	handad aim shart	Tyrs.llmos.22		Lmore 30.	340	01-4
OR INSTITUTION			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Springfield	State Hosp	ital	1915	Breitwer	Ave.	YES NO
3. NAME OF DECEASED (Type or print)	Martha Martha	Elizabeth	Sifter	4. DATE OF DEATH J	Month	9, Year
5. SEX 6. COLOR Whit	- WONKIE	- Carrent manning	B. DATE OF BIRTH February 23,	9. AGE (last bi		Days Haurs Min.
10a. USUAL OCCUPATION (Give kinduring most of warking life, even None	d of work dane 10b. K n if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State		12.CIT	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			0 .0 .2
Joseph Sifter	r		Caroline	- MA	VEN	2
15. WAS DECEASED EVER IN U. S. A (Yes, no, or unknown) (If yes, give war	RMED FORCES? 16. SO or dates of service)	INDIE	opringfield Ho	ospital Red	Address cords.	
IB. CAUSE OF DEATH [Enter of PART I. DEATH WAS CA		for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
33/X	CAUSE (a)	ronchopneumon	iia			Days
Conditions, if any, which	(b) C	erebralvascul	ar accident (old)		Years
gave rise to immediate cause (a), stating the <u>under-lying</u> cause last.	DUE TO					
Mental deficier 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING IL CAUSE OF CONTRIBUTING INTERPREDICAL EX	ant conditions concern, imbeci	NTRIBUTING TO DEATH BUT Le level with	NOT RELATED TO THE TERMI	nal disease condit	lon given in Par Lepsy.	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OF DEATH I	IBE HOW INJURY OCCURRED	D. (Enter nature of injury in F	Part I or Part II af iten	18.)	
20c. TIME OF INJURY Month, Hour a. m. p. m.	Day, Year 20d. INJ While at work	Not while fac	ACE OF INJURY (Home, farm story, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I atten			, 19 <u>55</u> , to Jan	uary 9,	19_69hat I lo	ast saw the deceased
alive on January	19 60	, and that death	accurred at 3:00P			
ACTUAL O - 1.7	- 1.11	2, 6.		ADDRESS (Street, city		DATE SIGNED
SIGNATURE COMME	u ceer c	mile	M.D. Springfie	eld State I	ospital	1/9/60
PHYSICIAN'S Agust	in delCamp			e, Marylar	ıd	
220 BURIAL, CREMATION, 22b. DA SEMOVAL (Specify)	HEREOF N 1960	22c. NAME OF CEMETERY OF	CREMATOR EM	22d. LOCATION (City	town, or county)	(State)
23 TUNERAL DIRECTOR'S SIGNATURE	ulson.	ADDRESS V3.19 Wash	Slow DATE JA		b. REGISTRAR'S SIG	
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tem 2- Phone tmaryland STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0518 CERTIFICATE OF DEATH

00515.

002	0			K	eg. Dist. No.	
1. PLACE OF DEATH 6. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	ere deceased lived.	If institution:	Residence before	admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville (Rural)	3yr. 6m. 20d.	c. CITY OR TOWN (If or Baltimore	utside corporate lir	nits, write RURA	AL ond give near $3V0$	est town)
d. NAME OF HOSPITAL (If not in hospitol, give street in Strate Hospital State Hos	eet oddress) ospital	d. street address	531 Gut	nan Ave		IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Lillian	Middle Loane	Small	4. DATE OF DEATH	Month 1	Day 29	Yeor 19 60
The Table 1. The State 1	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	last		UNDER 1 YEAR 1	F UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Housewile	0b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of Marylan			12. CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Gustave Loane	nown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	NFORMANT Springfield S	State Hos	Address pital r		
gove rise to immediate couse (o), stating the under-lying couse lost.	Arteriosclero ^t io Generalized arte	eriosclerosis				
Chronic orain syndrome growth or nutrition, w. 200. ACCIDENT WAS UNDERLYING DON'T CONTRIBUTING DICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	associated will the senile brain bescribe how injury occurre				tion	PERFORMED?
20c. TIME OF INJURY Month, Doy, Year 20cd	L.	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		vn)	(County)	(Stote)
ACTUAL SIGNATURE SONTATION NO.	960 , and that death Miller	m.D. Oak S	1-29 A, from the conditions (Street, conditions) Street	auses and dity or town, sta	an the date	the deceased stated abave. DATE SIGNED
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or c		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Wm.Cook Blight Inc. 60	ADDRESS	24a. REC'I	BY REGISTRAR		AR'S SIGNATUR	

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death. Page 4

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR A? may be retained :

TO FUNERAL DIREC.

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND $0519\,$ CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Carroll MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore City 31					
Sykes Vil	(If outside carporate limit nearest town)	ts, write	c. LENGTH OF STAY IT		c. CITY OR TOWN (IF		orote limits, write R	URAL ond g	ive nearest t	lown)
OR INSTITUTION	ringfield S				d. STREET ADDRESS 5607 Anth	ony Av	re.Baltime	ore 6	0	RESIDENCE N A FARM? NO
3. NAME OF DECEASED (Type or print)	Charl.	es	Adam Adam		Smith	4. DATE OF DEATH	Mon 1		30 30	Year 1960
s. sex Male	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED ED DIVORCED		-22-1884		9. AGE (In years part birthday) yrs.		Doys Ha	NDER 24 HRS.
10a. USUAL OCCUPATI during mast of wo Butcher	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	Maryland	te ar fareign (country)		A.	AT COUNTRY?
13. FATHER'S NAME	George Smi	th		1	4. MOTHER'S MAIDEN		France			
1S. WAS DECEASED EV (Yes. no. or unknown) NO	/ER IN U. S. ARMED FOR (If yes, give wor or dates of s		social security no. 12-14-6729	17. INFO	rmant Hospital re	cords	Add	ress		
420.1		Myo		arct:					days	L BETWEEN ND DEATH
Conditions, if gave rise to cause (a), stating lying cause lost	g the <u>under-</u>)	ertensive an			heart	disease		days	s.
Echronic b	rainsyndrom	e as	contributing to DEAT	ebral	arterioscl	lerosis	5	EN IN PART	PE	AS AUTOPSY RFORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)		CRIBE HOW INJURY OC	CURRED. (Enter noture of injury i	n Port I or Po	ort II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	10	or 20d. I While of wo	Not while	foctor	OF INJURY (Home, fo , street, office bldg., e		ty or town)	(C	ounty)	(State
21. I certify the	nat (I) (this haspita ased alive an 1-30) attend	ded the deceased f		-2- th accurred a 10.	35p m.	1- 30 - the causes an	, 1960 and on the	that (l) (we) last ted above
220. SIGNATURE	ister de	el c	Impo.	M.D	+	MED. DIRECTOR	STAFF PHYS.		11-3	226. DATE SIGNED
224 PHYSICIAN'S NAME (Type)	Agustin del	Cam	po.		Springfie.	ld sta	te Hospit	al,Syl	kesvil	le,Md.
23a. BURIAL, CREMATH REMOVAL (Specify Burla	1 theb- see	1960	23c. NAME OF CEMEN	den-	ver Cemile	Bel	ation (City, town,	rad	L B	State)
24. FUNERAL DIRECTO	R'S SIGNATURE	710	ADDRESS	PR	Ann DATE	EA 1 4	STRAR 2Sb. REGI	STRAR'S SIG	SNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 0520 CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) b. COUNTY

c. CITY OR TOWN (If putside carporate limits, write RURAL and give nearest tawn)

MARYLAND

c. LENGTH OF STAY IN 16

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directar	1	1
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PLACE OF DEATH

b. CITY OR TOWN (If autside corporate limits, write

RURAL gold give hearest town!

be de ATTENDING PHYSICIAN: The law requires that the death certificate be executed to expite or attending physician.

TO HOSPITAL OR

VR AT 15M 9

		Chronolle 22 years X Sugar	relle	
	c	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INITITUTION d. STREET ADDRESS	1 14	e. IS RESIDENCE ON A FARM
		111 date 27.	e or.	YES NO
		NAME OF First Middle Lost Lost (Type or print) 147 71,80 William SM	OF DEATH	nth Day Year
		SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. ADE (In years	IF UNDER 1 YEAR IF UNDER 24 I
	4	Male white WIDOWED DIVORCED March 19 190.	2 last birthday)	Manths Days Hours Mi
i	10a.	D. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	fareign country)	12. CITIZEN OF WHAT COUNT
	13. 1	FATHER'S NAME 14. MOTHER'S MAIDEN NAM	AE , 1,1	1010111.
		Harvey Smith Ella an	heatley	
1		. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If fee, give wor or dates of service)	Amethor-	chekenillo. 4
1		18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).]	3 . 1	INTERVAL BETWEE
		PART I. DEATH WAS CAUSED BY: Oronny Thrombous, Cur	thees of	
		581.1 DUE TO 1' 1000		1957
		Canditions, if any, which gave rise to immediate (b) Geore, al colocler proch	· ·	Beech
B		cause (a), stating the <u>under-</u> lying cause last. CDUE TO (c)		19 Jan 6
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	L DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOF PERFORMED YES NO
Á	CERTIFIC	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	t I or Port II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Haur o. m. p. m. 19 20d. INJURY OCCURRED While Not while at work at work at work at work at work at work.	20f. (City ar tawn)	(Caunty) (St
		21. I certify that (I) (this haspital) attended the deceased fram	. to 19 Jan	2 1960 that (I) (we)
		saw the deceased alive an 1919 1960, and that death accurred at 200 PM	, fram the causes a	nd an the date stated abo
ā		220. SIGNATURE Soward & Hall M.D. ATTENDING MED. M.D. PHYS. DIRECT	STAFF PHYS.	22b.DAT SIG
1		22c. PHYSICIAN'S NAME (Type) HOWAYD E. Hahk 22d. ADDRESS	will , net	Defan
	23a.	o. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23 PRODUCTION L22-60 Heller Washand 23	Ed. LOCATION (City, town,	or county) (Stote)
	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	Y REGISTRAR 256. REG	SISTRAR'S SIGNATURE brilling S. Trans
}	1	MICHIEL DATE OF THE SELF OF THE DATE		D. Many

12 LERTHER THEWARDS SHIET IN SPEN Wall that we want to the terms of the terms The second matter thank the telescope Lection Land Elle The The Stage Tres detecte denite defende It the state of the second st The same of the sa HOURTO E. HILL Shank July Co of March Taken to carda There authoride and in the marker we The State of the S

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heral director, be filed with

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg	Dist	No	

00518

r ~ ~		Reg. Dist. No.
1. PLACE OF DEATH 9. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If	institution: Residence before admission)
CARROLL MARYLAN	MARYLAND	CARPOLL
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits,	write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street address)	d. STREET ADDRESS	VSTER ROTE e. IS RESIDENCE
OR INSTITUTION FOR DENNING	11500 DEMAN	ON A FARM?
3. NAME OF First Middle	Lost 4. DATE	NGS YES ANO [
(Type or print) GUERNIE LI	STULLER OF DEATH J	AN. 16 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (I lost bir	n years IF UNDER 1 YEAR IF UNDER 24 HRS. thday) Manths Days Haurs Min.
MHIE WIDOWED DIVORCED	Oct 3,1893 64	yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	IDUSTRY 11. BIRTHPLACE (Staté ar fareign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	RDHI- USIG.
JESSE T. STULLER	LEANNAH LIN	IDSAY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 1Yes, no, or unknown) (If yes, give wor or dates of service)	7. INFORMANT	Address
- 215-36-817	5 MRS. GL. STULLER WEST	MINSTER MC. RS #C
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]		INTERVAL SETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRITA	GE FROM BLADDE	R IDAY
289.1 DUE TO		
Conditions, if any, which gove rise to immediate (b) HMYLOID	NEILTRATION OF	LIVER 6MOS
cose (o), stating the under- lying cause lost.	AMYLOIDOSIS	244405
, 19		ON GIVEN IN PART I/OI 19 WAS AUTOPSY
CATIO	SOLVER STORY OF THE CONTRACT STORY OF CONTRACT	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part 1 ar Part 11 af item	18.)
	PLACE OF INJURY (Home, farm, 20f. (City or tawn) factory, street, office bldg., etc.)	(Caunty) (State)
Hour o. m. p. m. 19 While Nat while at wark at wark	totion, since, office blogs, etc.)	
21. I certify that I attended the deceased fram, MAR	CH 17, 1959, to UANUARY 16	1960, that I last saw the deceased
alive on JANUARY 16, 19 GO, and that de		uses and an the date stated above
1.11. 1 10.	ADDRESS (Street, city o	r town, state) DATE SIGNED
SIGNATURE William & Scenart,	M.D. 19 RIDGE RI	1/16/60
PHYSICIAN'S WILLIAM L. STEWAR	T WESTMINSTER	, MD
22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City.	tawn, or caunty) (State)
BURIAL UMIXILY, 1960 STUAMES	CEMETERY WESTMIN	STER MORD#5
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	24d. REC'D BY REGISTRAR 24	E. REGISTRAR'S SIGNATURE
2. + 11 halle 1 hominmelle 1	///A - DATEN 2 0 '60	7 -1 0 11

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 D FUNERAL DIRECT: After this certificate has been signed by the attending physicion and campletely filled in by the page 3 should be derached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shither registrar priar to burial, crematian, or remaval, and in any event within 72 hours after death. TO FUNERAL DIRECT page 3 should be det VS A1S (4) 1SM 9/SS

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0522 C

CERTIFICATE OF DEATH

Rea. Dist. No.

		0 0 10						
1. PLACE O o. COUN			MARYLAND	2. USUAL RESIDENCE (W	here deceosed live		Residence before Howard	e admission)
RURAL	OR TOWN (If autside corporate lim ond give nearest town)		days	c. CITY OR TOWN (IF			L ond give near	est town)
d. NAME OR IN	OF HOSPITAL (If not in hospital,	give street addr	ess)	d. STREET ADDRESS	-1			IS RESIDENCE ON A FARM?
	ingfield State H			R#4, Mea		e na.		YES NO X
DECEASE (Type or	:D	nst I n	Middle	Thiernau	4. DATE OF DEATH	January	Doy 3,	1960
s. sex	6. COLOR OR RACE White	7. MARRIED WIDOWED [NEVER MARRIED DIVORCED	Unknown 2/2	2/83 9.1		onths Days	Hours Min.
0a. USUAL during Farm	OCCUPATION (Give kind of work most of working life, even if retired	done 10b. KIN	Potered	JSTRY 11. BIRTHPLACE (Stoke Maryland	or foreign count	(y)	U.S.	WHAT COUNTRY?
3. FATHER	Salary and k	iern	an	14. MOTHER'S MAIDEN Unknown	adeli	ride &	Scha	de
	CEASED EVER IN U. S. ARMED FOI	RCES? 16. SOC	IAL SECURITY NO.	INFORMANT Springfield H		Address		
Cond	USE OF DEATH [Enter only one or PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (continue) DUE TO itions, if any, which prise to immediate	Acu		al infarction			ONSE M ²	ears
Couse lying	(o), stating the <u>under</u> DUE TO COUSE lost. PART II. OTHER SIGNIFICANT CONCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF DEATH	ODITIONS CON		T NOT RELATED TO THE TERM ED. (Enter nature of injury in	3015		IN PART 1(o) 19	. WAS AUTOPSY PERFORMED? YES NO
(IF EITH	ER, NOTIFY MEDICAL EXAMINER) IE OF INJURY Month, Day, Ye our a. m. p. m. 19		Not whilef	LACE OF INJURY (Hame, for actory, street, affice bldg., et		town)	(County)	(State)
21. I alive	O minter	deceased , 19 60		h accurred at5:45E	M, fram the		an the date	
PHYSIC	(Type) V Mg db 0111		c. NAME OF CEMETERY		lle, Md.			
	CREMATION 22b. DATE/THERE					ACity, town, or co		(Stote)

TO HOSPITAL OR APTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the characterial director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the characterial director.

To FUNERAL DIRECTOR: A filled in by the characterial director.

The registror prior to burial, crematian, ar remayal, and in any event within 72 hadrs after death.

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0466 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where eleceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND death. b. CITY OR JOWN (If outside corporate limits, write RURAL and give negrest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outsidescorporate limits, write RURAL and give nearest town) rounce ofter d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES T NO D NAME OF First 4. DATE Middle Month Yeor DECEASED Bertha E. Tillman DEATH (Type or print) 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Dovs Hours WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/BOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) attending eose 18. CAUSE OF DEATH [Enter only one couse per line (o), (b), ond (c).] INTERVAL BETWEEN à ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUF TO couse (o), stoting the underlying couse lost. NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased fram .that I last saw the deceased and that death accurred M, fram the causes and an the date stated above. DATE SIGNED ACTUAL shauld PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF CEMETERY OR CREMATORY FUN page 0 23. FUNERAL DISESTOR'S SIGNATURE 246 REC'D BY REGISTRA 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2. USUAL RESIDENCE (Where deceased lived. If institution: Desidence before admission) b. COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY QR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street address) ADDRESS . IS RESIDENCE ON A FARM? YES T NO T 4. DATE NAME OF Middle DECEASED DEATH (Type ar print) 1960 9. ASE (In years last birthdoy) 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Manths WIDOWED [10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life Jeven if retired) U.S.a. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN1 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH CCLUSION PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO RIERIOSCHEROTIC Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALITOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while While 19 at work at work p. m 1955 1960 that I last saw the deceased 21. I certify that attended the deceased fram and that death accurred at 1.05 PM, from the causes and on the date stated above. alive an DDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Thous BATEJAN 1 5 '60

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0524 CERTIFICATE OF DEATH

a. COUNTY Carroll			MARYL	0	SUAL RESIDENCE (\ . STATE Maryland		b. COUNTY			/
b. CITY OR TOWN	(If outside carporate limit	ts, write	c. LENGTH OF STAY II	N 1b	. CITY OR TOWN (I				give neare:	st town)
RURAL and give r			19 days		Dunkirk		0	4X	- 2	
	ITAL (If not in haspital, a	ive street o			d. STREET ADDRESS				е.	IS RESIDENC
Henryton	State Hos	pita	<u>l</u>						Y	ES NO
NAME OF DECEASED (Type or print)	Fin Ja	mes	Middle Willia	m 1	Vallace	4. DATE OF DEATH	Jan .		Day	Year 19 60
S. SEX			Seprorced		TE OF BIRTH 8-7-1903		9. AGE (In years last birthday) 56 yrs.			UNDER 24 H
Oa. USUAL OCCUPATI during most of wor	ION (Give kind of work or rking life, even if retired)					ote or foreign c	ountry)		ZEN OF W	HAT COUNT
3. FATHER'S NAME	2000			14.	MOTHER'S MAIDEN		.la			
John Wal					Henriett	ta cree				
	ER IN U. S. ARMED FOR (If yes, give war or dates of se	ervice)	social security no. 12 -12-4958	INFOR	mes Wm. V	Vallace	Addr			
T	ATH [Enter only one ca								INTERV	AL SETWEE
	Aire [Lines only one ca	ose per iiii								
PART I DE	ATH WAS CALISED BY.	~								
PART I. DE	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	C	ardiovascu		nsufficie	ency				
163×	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO	-			nsufficie	ency				
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163 X Conditions, if a	IMMEDIATE CAUSE (o DUE TO ony, which immediate DUE TO	C		ılar i						
Conditions, if a gave rise to cause (a), stating	IMMEDIATE CAUSE (o DUE TO ony, which immediate the under-	C	ardiovascu	ılar i						
Conditions, if a gave rise to cause (a), stating lying couse lost.	IMMEDIATE CAUSE (o DUE TO Only, which immediate the under: (c)	C	ardiovascu arcinoma o	lar i	right lu	ung	E CONDITION CIVI	ENI INI DAD	ONSET	AND DEAT
Conditions, if a gave rise to cause (a), stating lying couse lost.	IMMEDIATE CAUSE (o DUE TO ony, which immediate the under-	C	ardiovascu arcinoma o	lar i	right lu	ung	E CONDITION GIV	EN IN PAR	T 1(a) 19.	AND DEAT
Conditions, if a gave rise to cause (a), stating lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	IMMEDIATE CAUSE (o DUE TO Only, which immediate the under: (c)	C DITIONS C	ardiovascu arcinoma o	of the	right lu	ung		EN IN PAR	T 1(a) 19.	WAS AUTOP
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Conditions, if a gave rise to cause (a), stating lying couse lost. Part II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a. m., p. m. 21. I certify f	IMMEDIATE CAUSE (o DUE TO ony, which immediate g the under- (c) THER SIGNIFICANT CONI (AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Yec 19 hat I oftended the	DITIONS C 20b. DESC 20d. IN While of work	ardiovascu arcinoma o ONTRIBUTING TO DEAT RIBE HOW INJURY OC JURY OCCURRED Nat while of work ed from	of the TH BUT NOT CCURRED. (Entertainty) 20e. PLACE Confectory, e. 16.	right 1: RELATED TO THETER ter nature of injury in SE INJURY (Home, for street, affice bldg., in	eng RMINAL DISEAS in Part I or Por orm, 20f. (City Jan •	t II of item 18.)	thot I la	T 1(a) 19. Y	WAS AUTOI PERFORMED ES NO
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Markle for Sagara M. Macalano, Surt. Roneyton state Horgital, Hearyton,

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NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after thath. Page 4

	U	UNU	CERTIFICA	TIE OI DEAI			Reg. Dist. N	o. 74
1. PLACE OF DEATH o. COUNTY	Carroll		MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary		b. COUNTY	ralbo	
b. CITY OR TOWN	(If autside carporote limits, w neorest town)	rrite c. LENG	TH OF STAY IN 16	c. CITY OR TOWN (IF	autside corpo	rate limits, write R		-
	yton, Maryla		4 days	Trap	pe		GL 6	XX
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give s	street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
OK INSTITUTION	Henryton St	tate Ho	spital	Rou	te 2	13 h v	1	YES NO
B. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Man		Day Year
(Type or print)	Raymo		Savanie		DEATH	Januar		5 19 60
s. sex Male	6. COLOR OR RACE 7.	MARRIED X N	DIVORCED	7-5-1897		9. AGE (In years lost birthday) 62 yrs.	Months Days	Hours Min.
Da. USUAL OCCUPATI	ON (Give kind of work dane rking life, even if retired)	10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	e ar fareign c	ountry)	12. CITIZEN	OF WHAT COUNTRY
Labo	rer	Fa	rm	Trappe,	Maryl	and	U	SA
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	John Warne	er		Rosa Mc	Laughl	in		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES	7 16. SOCIAL-S	ECURITY NO.	NFORMANT		Add	ress	
No	(ii yes, give wor or ooles or so vice	Unkn	own	Raymond S.	Warner	- Patie	ent	
	ATH Enter only one cause							TERVAL BETWEEN
couse (a), stoting lying couse lost. Z PART II. OT				effusion lef		E CONDITION GIV	/EN IN PART 1(o)	19. WAS AUTOPS PERFORMED?
PART II. OT								YES NO
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HO	w injury occurre	D. (Enter nature af injury ir	Port I ar Par	t (I of item 18.)		
YOU 20c. TIME OF INJU Hour o. m. p. m.		20d. INJURY OC While Nat ot work at w	whilefo	ACE OF INJURY (Hame, far ctary, street, office bldg., et	m, 20f. (City	or town)	(Count	y) (Stot
T .	hat I attended the de				Jan. 5	,		aw the decease
alive an_Je	nuary 5	19 60	and that death	accurred at 3_P		the causes an treet, city or town,		te stated abav
ACTUAL 16	agars M. Mas	/	Mos	** 4				
SIGNATURE				M.D. Henryto				1-5-1960
	dgars M. Mac					e Hospi		
REMOVAL (Specify	22b. DATE THEREOF	22c. NA	ME OF CEMETERY O	CREMATORY	22d. LOCA	TION (City, town,	or county)	(Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	ADI	DRESS	240. RFC	'D BY REGIST	RAR Z4b. REGI	STRAR'S SIGNAT	. , , ,
anne	NBUL	1.00	18 to	/	BL 4 4 104			

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been significantly be detached far use as the burial-transit TO HOSPITAL OR VS A15 (4) 15M 9/5B

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			052	CER	TIFICA	ATE OF DEATH	4		Reg. Di	st. No.	00	J H X
1. F	Carrol	1		M	ARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland	here decease	d lived. If instituti b. COUNTY			cit;	
t		If autside carporote lim	its, write	c. LENGTH OF S	TAY IN 1b	c. CITY OR TOWN (If o	outside corpo	orate limits, write R	URAL ond	give nea	rest taw	n)
	Sykesvi			3y.1m.29	d.	Baltimore	Mary	rland	34	0/	-4	
(OR INSTITUTION	TAL (If not in hospital,				d. STREET ADDRESS	llingi	ton Ave.	- 197			SIDENCE A FARM? NO
3. 1	NAME OF		rst		ddle	Last	4. DATE	Mar	oth	Da	у	Year
	Type ar print)	1	RANK		TOHN	WORTECK	OF DEATH	Jar	uary	5		19 60
5. S	EX	6. COLOR OR RACE		RIED NEVER MA		B. DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		ER 24 HRS
	Male	White	WIDOW	ED DIVO	RCED 🗌	12-16-1893		lost birthdoy) 66 yrs.	Months	Doys	Hours	Min.
10a.	during most of war Policema	king life, even if retired	done 10b.	KIND OF BUSINE	SS OR INDU	STRY 11. BIRTHPLACE (State Marylan	_	country)		S.A.		COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME					
	John	Worteck				Margar	et					
15. (Yes	WAS DECEASED EVE no. or unknown)	ER IN U. S. ARMED FOI (If yes, give war or dates of		SOCIAL SECURITY	0.10	ecords, Sprin	gfield	d State H		al		
		ATH [Enter only one co	ouse per li	ne far (a), (b), ond						INTE	ERVAL BE	ETWEEN
		ATH WAS CAUSED BY:				age of abdomi	inal a	neurvsm			inut	DEATH
	Conditions, if a gave rise to it couse (o), stoting	DUE TO) (THE STATE OF	teriosclerosi	A ROS				ears.	
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CAI				redecton	•						YES	NO
CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUI	RY OCCURRE	D. (Enter nature of injury in	Part I or Po	rt II af item 1B.)				
MEDICAL	20c. TIME OF INJUI Haur a.m. p. m.	RY Month, Doy, Ye	20d. I While of war	NJURY OCCURRED Not while		ACE OF INJURY (Home, forn ctory, street, office bldg., etc		y or town)	÷ ((County)		(Stote)
	21. I certify t	nat I attended the	deceas	ed fram N	ovembe	r 6, 19 56, ta	Janua	ry 5, 19 60	that I lo	ast sav	v the c	deceased
	alive an Jar	_	, 126			accurred at 7:00	≜ M, fram	the causes ar	nd an the		state	
	ACTUAL SIGNATURE	gustni	de	l Can	apo	M.D. Springs		State Ho		1		-60
	PHYSICIAN'S NAME (Type)	gustin del	Camp	0. M. D.	1	Sykesvi	ille,	Maryland				
220	BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THERE		22c. NAME OF	CEMETER			AUUM,	or county)		(Sto	te)
23.	FUNERAL DIRECTOR	HUWI	Cons	ADDRESS	1207	240. REC	D BY REGIS		STRAR'S SI			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Carroll

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

hours

years

(Caunty)

24b. REGISTRAR'S SIGNATURE

arthur & Kraces

24g. REC'D BY REGISTRAR

Littlestown, Pa. DATE JAN 25'60

PERFORMED?

YES NO X

(Stote)

(Stote)

U.S.A.

Months

e. IS RESIDENCE

ON A FARM?

YES NO

60

that D FUNERAL DIRECT Page 3 shauld be 0

VS A15 (4)

15M 9/58

FUNERAL DIRECTOR'S SIGNATURE

